- 19	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	OIME OF I	CER	ΓÍF	ICATE OF	DEA	TH		REG. NO.			
	VIRGINIA GRAC		ER) BEALL					2. DATE	E OF DEATH	y Q1	YEAR	3. TIME OF DEATN 3:00 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birth	-	IF UNDER t YEAR	IF UNDE	R 24 HRS.	7. DATE	E OF BIRTH			PLACE (State or Foreign
	214-16-3464	1 M 2 F	68 v	RS.	MONTHS DAYS	HOURS	MIN,	Mon	25/21		Country	land
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN O	OR LOCATI	ION OF D			ATH		
OR	33 N. Prospect A	ve.			Cato	nsvi	11e			В	alti	more
5	RESIDENCE OF DECEDENT 100. STATE 100. COUNT	v										
DIRECTOR	1000 000011	Baltimore	100		Y, TOWN OR LOCAL							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				atonsvil	TE COD)E			10a CITIZI		1 YES 2 NO
ER/	33 North Prospec	ct Ave.					228		-			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. ARMED						N? (Specify Yes		S.A	- American Indian
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 NO		If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify:						Black, White, etc.	
	15. DECEDENT'S EDI	JCATION	16a, DECEDE	NT'S	USUAL OCCUPATION	DAY.		16	b. KIND OF BUS	INECC/INDI	OTIN	White
ETED	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(Give kir	nd of u	work done during mo se retired.)	st of world	ing	100	B, KIND OF BUS	INESS/INDU	SINT	
APL	8th Grade		Cler	k					McDo	nalds	3	
COMPL	17. FATNER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)		
BE (Edward Kroder					F	Eve I	larti	nan			
01	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flurel Route Number, City or Town 4. 2.2. Lie Chain Cathon Avenue Language 4.2.2. Lie Chain Cathon Avenue Language 4.2.2. Lie Chain Cathon Avenue Language 4.2.3. Lie Chain Cathon Avenue Language 4.3.3. Lie Chain Cathon Avenue Language 4.3. Lie Chain Cathon Cathon Avenue Language 4.3. Lie Chain Cathon Cath											01007
	Gary A. Keimer 025 Washington Avenue Lansdowne, Fid.											21227
	20a. METHOD OF DISPOSITION (C Buriel 2 ☐ Cremetion 3 ☐ Ran 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	other place)		sition (Name of car irk Cemet		matory or					Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Boudon	1 0	22. NAME A		SS OF FA	CILITY	Dai	CIMOL	, .	laryrand
	D. James	2.51.	,						ome, In			
-	23. PART I. Enter the diseases, or	complications that	caused the death	Day	4107	Wilk	ens	Ave.	Balt:	imore	, Md	. 21229
	snock, or heart failure.	List only one ceu	se on sech line.	DO I	not enter the mo	de or dy	ing, suc	n as car	diac of reapir	atory sire	st,	Approximata Interval Batween
	disease or condition resulting in death)											Onset and Death
	reaulting in death) s. Over Cut Cut Concern DUE TO (OR AS A CONSEQUENCE OF)										1777	
Z	Brain milating 3 m											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
5	CAUSE (Disease or Injury											
E	that initiated events resulting in death) LAST											
CE		d										-
DICAL	PART II. Other aignificant condition	ns contributing to	death but not result	ling	in the underlying	g cause	given in	Part I.	24a, WAS AN / PERFORE			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									1 _ YES 2	□ NO	1	COMPLETION OF CAUSE OF DEATH?
Σ												T YES 2 NO
PHYSICIAN: ME	AS WAS CASE DEFENDED TO MEDICAL											
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:	ACE OF C						
HYS	27. MANNER OF DEATH	28s. DATE OF	ER/Outpatient 3 D	OA TIM	4 Nursing Hom		esidence		er (Specify) SCRIBE NOW IN	BIRM COOL	into	
	1 Netural 5 Pending	(Month, De		INJ	JURY WO	RIC?	NO	200. DE	SCHIBE NOW IN	JUHY OCCU	HEU	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At home, for	nm,		-		28f. LO	CATION (Street as	nd Number o	r Rural Ro	oute Number,
Ë	4 Nomicide determined	building,	etc. (Specify)					City	or Town, State)			
COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, death o	ceum	ed at the time, date	and place	, and due	to the ca	use(s) and man	ner as states	1.	
NO.												and manner as stated.
ш	2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occursed at the time, date and place, and dus to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
00	Win Close	whit.	MI			0	24	35	6	1 2	116	190
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Baltimore, Md. 21/29											
	William Waterfie			. <i>E</i>	Agnes Ho							
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE									

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urs after death with the State Dept. Of Health and Mental hygiene prior to burial, cremation,	im 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	
5	5	

	FOR STATE REGISTRAR	STATE OF M	ARYLAND / [CEI			OF HE			MENTA	HYGIENE REG. NO.					
	1. DECEOENT'S NAME (First, Middle, Lest, WILLIAM	AUGUST	BERLIN						2. DATE MONTE		199	YEAR	3. TIME OF		РМ
	4. SOCIAL SECURITY NUMBER 470-09-1115	1 🔀 M 2 🗆 F	6. AGE (In yrs. last t	vrs.	IF UNDER	DAYS	IF UNDER	MIN.	Aug.	of BIRTH h, Day, Year) .6,1912	2 1	Country Vinn	esota	or Foreig	gn
OR	9a. FACILITY NAME (If not institution, give Malcolm Grow USA		Center			CEVS				ase	Prine		eorae	2	
DIRECTOR	10a. STATE 10b. COUN	ту				OR LOCATIO					10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER			vva.	SHITIN	nington, D.C.					1 □X YES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY?			0	
ER/A	628- A Street, No	rtheast				2	0003	3			United States				
BY FUNERAL	11. MARITAL STATUS 1 Naver Married 2 Married 3 Nidowed 4 Olvorced	12. WAS DECEOENT FORCES? 15 IF YES, GIVE WA	YES 2 NO				illy Cube	n, Maxicai	n, Puarto	N? (Specify Yea Rican, atc.)					
COMPLETED	15. DECEDENT'S EO (Specify only highest grad Elementary/Secondary (0-12)		(Give	kind of	work done se retired.)							nt		ì	
BE COM	17. FATHER'S NAME (First, Middle, Last) Frank Berlin					ME (First,	Middle, Meiden	Surname)							
TO B	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or To Corraine S.Berlin (wife) 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or To Corraine S.Berlin (wife)														
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re	Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cramatory or other place)								20c. LO	CATION — C	ty or Tov	vn, Stata		
	4 Donetion 5 Other (Specify)		NAME AND				Wash	ningto	on,D	.C.					
	- Clarles	Lo Bela	nger	11	J.	.Will	iam	Lee	's S	ons Cor shingto					
	23. PART I. Enter the diseases, or complications that coded the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) CARDIOPULMONARY ARREST a. Due to (or as a consequence of):												waan		
TION	Sequentially list conditions, if eny, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Initiated events DUE TO (OR AS A CONSEQUENCE OF):											-		
	PART II. Other significant condition	ona contributing to o	death but not re	sulting	In the u	nderivina	cauaa (alvan in	Part I.	24a, WAS AN	AUTOPSY	24b.	WERE AUTO	PSY FIND	DINGS
MEDICAL	ANEMIA NON-HO	DDGEKINS L								PERFOR	MED?		AVAILABLE COMPLETID DF DEATH? 1 YES	PRIOR TO	USE
N.															
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		7.00.	OTHE	R:			eck only o	-/					
PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	26a, DATE OF I	NJURY	28b. TIR		28c. INJU WOF	RY AT			SCRIBE NOW I	NJURY OCC	JRED			·
red BY	2 Accident Investigation 3 Suicide 6 Could not b. 4 Homicide determined	28e. PLACE OF	INJURY — At hometr. (Specify)	e, farm,	street, fac					CATION (Street a or Town, State)	and Number o	or Rural R	loute Number		
COMPLETED	one) —	SICIAN: To the best of a) and manne	or as stat	ad.
EC	296 SIGNATURE AND TITLE OF GERTIFIED										(Month, Day,	Year)	-		
TO B	30. NAME AND ADDRESS OF PERSON V	THO COMPLETED CAUS	n 1	27) (Type	e, Print)	MATCC)T M	CPOL	TICA	E MEDI			RY 10	, 19	90
	JOHN J. DREYZEHNER, CAPT, USAF, MC ANDREWS AFB, MD 20331-5300														
	FFB 20 1990 Ju	32. REGISTRAT							ī						
	0												DI	HMH-16 F	Bev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within across after death. Page 6 may be retained by the hospital manual physician and completely filled in by the funeral director, page 5 should be detached for use as the buril, be filled within 122 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, crematoin, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
--

	FOR 1 STATE		STATE OF N						MENTAL HYGI	ENE	90 04003				
	1. DECEDENT'S NAME (First, EVELYN		Ерттн		NETT	CATE C	OF DEA	ТН	REG. NO. 2. DATE PROPERTY BOX 15, YEAR 9 TIME OF DEATH 0.2. 15 90 1133 AM						
	4. SOCIAL SECURITY NUMBER 220/70/0	IEA	5. SEX 1 M 2 F	6. AGE (In yrs. In											
Œ	9a. FACILITY NAME (If not in	stitution, give s					WN OR LOCAT		EATH		TY OF DEATH				
6	NORTH ARUN	EDENT					BURNI	E		I A.F	A. COUNTY				
DIRECTOR	10a. STATE M D	10b. COUNT	AA			illers				10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
	10e. STREET AND NUMBER		7,77			111013	10f. ZIP COD	Σ	10g. CITIZ	ZEN OF WHAT COUNTRY?					
ER.	426 OBRE	CHT RO	AD				2110	8		The state of	ISA				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Divo	Married	12. WAS DECEDEN	YES 2 X	RMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puerto Rican, atc.) 1 ☐ YES 2 ★ NO Specify: 1 ☐ YES 2 ★ NO Specify: 1 ☐ YES 2 ★ NO Specify: 1 ☐ YES 2 ★ NO Specify: 1 ☐ YES 2 ★ NO Specify: 1 ☐ YES 2 ★ NO Specify: 2 ☐ YES 2 ★ NO Specify: 2 ☐ YES 2 ★ NO Specify: 3 ☐ YES 2 ★ NO Specify: 3 ☐ YES 2 ★ NO Sp									
COMPLETED		EDENT'S EDU y highest grade 0-12)	College (1-4 or 5	(in	Give kind of w fe. Do NOT us	,	USTRY								
M	17. FATHER'S NAME (First, M	licidio (set)	XXXXXXXX	С	OMEMAI	KEK	T so Mon								
BE CC	FRANK		l	IST			10. MOTHER'S NAME (First, Middle, Malden Surname) EDITH GRIFFITH								
0	19a. INFORMANT'S NAME (1			NORESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)								
	LOUIS E. BENNETT SAME AS 10 20e. METHOD OF DISPOSITION X Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)										City or Town, State				
	4 Donation 5 Other		NOVEL FROM STATE			EN HAV	EN MEM	ORIA	L PK G	LEN BUR	RNIE, MD				
	21. SIGNATURE OF FUNERA	L SERVICE LI	CAMBRE	gara (S		SI		N FU	NERAL HO		MD 21061				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or Injury that Initiated events resulting in death) LAST Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.														
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Obstructive LUNG D') Sease 1 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO									24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO					
CIA	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	6. PLACE OF	DEATH (C	heck only one)						
YSI	1 TES 2 NO		1 Inpatient 2	1		4 Nursing		Residence	8 Other (Specify						
ву РН	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28a. DATE Of (Month, E	ay, Year)	28b, TIM INJ	URY	WORK?	□ NO	28d. DESCRIBE H	OW INJURY OCC	CURED				
ED	n D Sulatida	Could not be determined	28e. PLACE (building	OF INJURY — AI I etc. (Specify)	home, farm,	farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET	Const Only		BICIAN: To the best of a								led. ne cause(s) and manner as stated.				
TO BE C	Tus.	E OF CERTIFI	05	2/	seco	MP	29c. Li	SENSE NU	MBER /	29st, DATI	2/15/90				
F	30. NAME AND ADDRESS OF RUSSELL DE	F PERSON W		SE OF BEATH (IT			REET	BALT	TIMORE, MA	RYLAND	21230				
	31. DATE FILED (Month, Day, Year) FEB 2 0 1990 Line Davidson Bondell														

R	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN	-					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH			3. TIME OF DEATH				
	ROBERT	NELSON	ВО	ND		FEB. 17						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	8. BIRTI-	IPLACE (State or	Foreign							
	217-03-6640 96. FACILITY NAME (If not institution, give		6 YRS.	DAYS DAYS	HOURS MIN.				yland			
CTOR	712 Washington	Ave.		Glen B	urnie		Anne	e Ar	undel			
DIRECTOR	Maryland Anne	e Arundel		n Burni			10d. II			TY ONO		
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF WHAT COUNT			7		
EB	712 Washington	Ave.			21061			US	A			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1XXYES IF YES, GIVE WAR OR D	2 NO	13. WAS DEC	ENDENT OF HISP ecity Cuben, Mexic 2 NO Spec	ANIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	e or No—	or No- 14. RACE — American Indian, Black, White, atc. Specify: White				
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION fo completed	16a. DECEDENT'S US	SUAL OCCUPATION	ON .	16b. KIND OF BU	ISINESS/IND	USTRY	WILL CO			
E	Elementery/Secondery (0-12)	retired.)	e during most of working									
MPI	12th	12th None Meat Cutter Grocery										
00	17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden S											
BE	Charles S. Bond Edna Jones											
10	19e. INFORMANT'S NAME (Type/Print)					I Route Number, City or Tox	vn, State, Zip	Code)				
	E. June Bond Same as 10e											
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Crametion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Meadowridge Memorial Park Elkridge, Maryl											
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Meadowrio		OTIAL P		ridge	, M.	aryland			
	> 92 H	2/1							AVE. S			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heert feliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition reculting in death) Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that inliteted events reculting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									mste Between nd Deeth TY		
CALC	PART II. Other significent condition	ons contributing to deeth	but not reculting in	the underlyin	g ceuse given i	n Part I. 24e. WAS A	N AUTOPSY	246	WERE AUTOPSY AVAILABLE PRI			
200	CARCU	nemy the	LUNG			1 TYES	10		COMPLETION			
PHYSICIAN: MEDI							/		1 YES 2	NO		
ž												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Check only one)						
YSI	1 TES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 4	☐ Nursing Hom		8 Other (Specify)						
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		INJUF	M 1 🗆	RK? YES 2 NO	28d. DESCRIBE HOW	INJURY OC	CURED				
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, streecify)	et, factory, offic		28f. LOCATION (Street City or Town, State	and Number	or Rural i	Route Number,			
OMPLE	anti-	SICIAN: To the best of my know							e) end menner e	s stated.		
TO BE COMPLETED	29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 213343 29d. DATE SIGNED (Month, Day, Year)											
	Dr. Calvin Fuhrmann, M.D. 3001 S. Hanover St. Baltimore, Maryland											
	31. DATE FILED (Month_ Day, Year)	12 DECISTRAD'S SIG	MATURE	over St	. Balt	Imore, Mar	yrand					
	31. DATE FILED (Month, Day Year) FEB 20 1990	John Davidson	Mandall.									
									DUM	1.16 Rev 1/86		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	TIEGIOTTINIT			OF THE O	DEA		HEG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lack) RPUBLER ATT	dgewater					2. DATE OF DEATH MONTH 2 - 45 - 40 3. TIME OF DEATH 11.28 PM					
- 1	111 0	SEX 6. AGE (In yrs. In		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	10.06	BIRTHPLACE (State or Foreign Country)			
	111 00 0171	M 2 DF 106	YRS.		05-227863 N.C							
8	Bon Secous	Hospital		80. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore								
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	0.00/01/04	10c, CITY.	10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY								
PIR	Md			Ba 1+	imo	re			t YES 2 NO			
RAL	10e. STREET AND NUMBER	C+			IOI. ZIP CODE	E	/	10g. CITIZI	EN OF WHAT COUNTRY?			
FUNERAL	3/16 Presstm. 11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S. A		13. WAS D	ECENDENT C	OF HISPANI	IC ORIGIN? (Specity Yes	or No 1	4. RACE — American Indian,			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		1 🗆 Y	ES 2 NO	n, Maxican Specify:	n, Puarto Rican, atc.)		specify: Black			
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working) 16. DO NOT use retired.)											
COMPLET	Conega (1-4 or 5+)											
BE CO	17. FATHER'S NAME (First, Middle, Last)				18. MOTO	HER'S NAM	ME (First, Middle, Melden	Surname)				
10	Melvina Me	Plain "	3/16	ADDRESS (Street	t and Number	or Aural A	St E	n, State, Zip C	(2) Hd 2/216			
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	I from State 20b. PLACE other p	OF DISPOSI	TION (Name of	cometery, crem	Cel	4 Fa	cation - ci	lty or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MANCH F. H. West,											
-	Bala	March		1-100	4.3	00	waba	sh.	Ave			
	23. PART I. Enter the diseases, or com ahock, or heert failure. Lie IMMEDIATE CAUSE (Finel	t only one cause on each lin	eath. Do no a.	ot enter tha r	noda or dy	ing, aucr	ee cerdiac or reapi	ratory arre	et, Approximata interval Between Onast and Death			
	disease or condition resulting in death) a. Lardio - Respiratory Arrest.											
_	DUE TO (OR AS A CONSEQUENCE OF): ASCVD with OCAL CVA											
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	QUENCE OF	. 0			, , ,					
FICA	ceuse. Enter UNDERLYING CAUSE (Diseasa or injury that initiated events	DUE TO (OR AS A CONSE	10/2/		use	as	e ,					
CERTIFICATION	resulting in death) LAST											
	PART II. Other aignificant conditions of	contributing to death but not	rasuiting in	tha undariy	ing causa	given in i	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDICAL							t YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?			
									1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. OTHER:	PLACE OF D	EATH (Che	ock only one)					
HYS	27. MANNER OF DEATH	☐ Inpetient 2 ☐ ER/Outpetient 28e. DATE OF INJURY	3 DOA 28b. TIME	4 - Nursing H	ome 5 Re	eldenca	8 Other (Specify) 28d. DESCRIBE HOW I	NAMES OCC	IREO			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	JRY	WORK? YES 2	NO						
ED	3 Suicide 8 Could not be 4 Homicida determined	28a. PLACE OF INJURY — At h building, atc. (Specify)	ome, farm, at	treet, factory, of	fica		281. LOCATION (Street City or Town, State)		or Rural Route Number,			
COMPLET		N: To the best of my knowledge, o										
	296. SIGNATURE AND TYPLE OF CERTIFIER				_	ENSE NUM			SIGNED (Month, Day, Year)			
TO BE	Hh 1. Day/19/0	w, MO			OK	200	.031	> x	2-19-90			
	A. I. BAYKALE	COMPLETED CAUSE OF DEATH TY	1		LOUE	S	.t. Ba	f.n.	10-21216			
	31-DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	0	(4								
		1 1/2 + 14 - 1 Same Livery 1000										

Approximata

Interval Betwe

Onset and Death

notified pe must examiner the medical event, traumatic other 0 injury, shows any has by Dept. 23 r this certificate h HOSPITAL OR ATTENDING PHYSICIAN: FUNERAL DIRECTOR: After this certifica within 72 hours after death with the St

CERTIFICATION

MEDICAL

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TO THE HOSPITAL TO THE FUNERAL I be filed within 72 h

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IMMEDIATE CAUSE (Final

FUNERAL DIRECTOR

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											9	0 04	00
FOR STATE REGISTRAR		STATE OF N	MARYLA			NT OF			MENTAL HYGIEN	_			
DECEDENT'S NAME (First	t. Middle, Last)								2. DATE OF DEATH	DAY		3. TIME OF DE	ATH
nna	-	BO	CEK						February	19. 1	1990	5:50	Р.м
SOCIAL SECURITY NUM	BER	5. SEX		yrs. last birthdi	ny) IF U	NOER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH				Foreign
217-26-041	1	1 M 2 XF	7	7 YRS	S. MONT	HS DAYS	HOURS	MIN.	SEPT. 12	1912	Count	PENNA.	
FACILITY NAME (If not in	nstitution, give :	street and number)	-		9b. (CITY, TOWN	OR LOCATI	ON OF D	EATH	9c. COU	NTY OF D		-
FRANKLIN	SQUAR	E HOSPITA	AL			BALT	IMORE			Ralt	imor	re Count	·V
SIDENCE OF DE											111101	C GOUIT	4
. STATE	10b. COUNT			10c.	- 1	WN OR LOC						10d. INSIDE CIT	ſΥ
MD.	В	ALTIMORE			В	BALTIN	10RE					1 YES 2	XNO
STREET AND NUMBER						1	OI. ZIP COD	E		10g. CIT	IZEN DF 1	WHAT COUNTRY?	
5932 DA	YBREAK	TERRACE					2:	1206			U.S.	Α.	
MARITAL STATUS Never Married 2 Wildowed 4 Divi	Married proed	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 710		If yes, a	CENDENT Deposity Cuba S 2X NO	n, Mexica	NIC ORIGIN? (Specify Years, Puarto Rican, atc.) y:	a or No—		E — American Inc k, White, etc. Hy:	
	CEDENT'S EDU			16e. DECEDEN		L OCCUPAT		na	16b. KIND OF BU	JSINESS/IN	DUSTRY	WILL	Ca.
Elementery/Secondary (College (1-4 or 5	+)	life. Do NO	T use retir	ed.)	rout or works	'9					
N/A		N/A			HOME	MAKER	2		OWN	HOME			
FATHER'S NAME (First, A	Alddle, Last)						18. MOT	HER'S NA	AME (First, Middle, Maide	Surname)			
ANDREW MI	CHAELS						(CATH	ERINE KOTS	DRIE	J		
. INFORMANT'S NAME (Type/Print)			19b. MAIL	ING ADO	RESS (Street	and Number	r or Rural	Route Number, City or To	vn, Statu, Zi	p Code)		
ROBERT	BOCEK	(SON)			593	2 DAY	BREAL	K TE	RRACE BALT	IMOR	E MD	. 2120	6
METHOD OF DISPOSITION Burial 2 □ Cremation 3 □ Removal from State CARDE CARDE				other place)									
SIGNATURE OF FUNERAL SERVICE LICENSEE							ANO ADDRE		ERAL HOME	INC.			

disease or condition resulting in death) .. Hypotension. DUE TO (OR AS A CONSEQUENCE OF) Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): it any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

23. PART I Phtar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street,

3331 Brehms Lane, Baltimore, Md.

PART II. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO Severe Anemia. 1 TES 2X XNO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:

**X Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 X NO 8 Residence 8 Other (Specify) 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 X Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide determined

29e. CERTIFIER

(Chack note)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atteted.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

N/A

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

shock, or heart tellure. List only one ceuse on each line

Rosie Walker-McNair, M.D. 9000 Franklin Square Dr., Baltimore 21237.

Julia Jairdson-Rendelle

Feb. 19, 1990

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this c	with th	ked, o
er this c	ath with th	narked, o
After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	death with th	s marked, o
OR: After this c	fter death with th	8 is marked, o
ECTOR: After this c	s after death with th	1 28 Is marked, o
DIRECTOR: After this c	ours after death with th	tem 28 Is marked, o
AL DIRECTOR: After this c	2 hours after death with th	if item 28 is marked, o
ERAL DIRECTOR: After this c	in 72 hours after death with th	T: If item 28 is marked, o
UNERAL DIRECTOR: After this c	vithin 72 hours after death with th	ANT: If item 28 Is marked, o
IE FUNERAL DIRECTOR; After this c	d within 72 hours after death with th	NRTANT: If item 28 is marked, o
TO THE FUNERAL DIRECTOR: After this c	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or r	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle CHAR)	lle, Last)		BLI	BLYUKHER								YEAR QO	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-94-0926	5. SEX	2XXF	8. AGE (In yrs. le 84	st birthday) YRS.	IF UNDER 1	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE 7/9/	OF BIRTH	φ	BIRTHE	PLACE (State or Foreign USSIA
H 0	90. FACILITY NAME (If not institution and an arrangement of the state	SVILLE R							IOWN	EATH		1	PLI	MORE
DIRECTOR	100. STATE 10b. MARYLAND	COUNTY	IMORE		10c. CIT	Y, TOWN OF		ION LLST	OWN					10d. INSIGE CITY LIMITS7 XX YES 2 NO
FUNEHAL	100. STREET AND NUMBER 4041 CARTHAGE	RD.					10t	ZIP COE	1133			10g. Cl	TIZEN OF W	HAT COUNTRY?
2	11. MARITAL STATUS 1 Never Married 2 Marri 3. Widowed 4 Divorced	lad I2. WA	S DECEDENT RCES? 1 [YES, GIVE WA	EVER IN U.S. A YES 200 R OR DATES	RMEO NO	If	yes, sp		en, Mexice	n, Puerto	i? (Specify Yes Rican, etc.)	— American Indian, White, etc.		
APLEIED	15. DECEDEN	it's EDUCATION lest grade complete Colleg	d) e (1-4 or 5+)		Give kind of le. Do NOT u	usual oc work done do se retired.)	luring mo	DN st of work	16b. KIND OF BUSINESS/INDUSTRY AT HOME					
BE COMPL	17. FATHER'S NAME (First, Middle, BORIS BERSUDSK						18. MOTHER'S NAME (First, Middle, Melden Surname) POLINA KAUSHANSKAYA							
2 1	19a. INFORMANT'S NAME (Type/P MRS. POLINA RO	-1		ADDRESS L CAR				ral Route Number, City or Yown, State, Zip Code) RANDALLSTOWN, MD 21133						
	20a. METHOD OF DISPOSITION X X Burial 2 Cremation 3 4 Donation 5 Other (Spec		n Stata	20b. PLACE other BAL	E OF DISPO	SITION (Nam	me of cen	HEAT IN	matory or				- City or Tov	
	21. SIGNATURE OF FUNERAL SE	RVICE LICENSEE		S	OL I	EVI		& BF	ROS, II	NC.	10.,MI			
CERTIFICATION	resulting in death) Sequentially list conditional if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	, 6	DUE TO (OR AS A CONS	EOUENCE C	PF):					7 91) (2.1:	30	
DICAL	PART II. Other aignificant c	reaulting	In the unc	derlyln	g cause	given in	Part I.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO						
PHYSICIAN: ME	25. WAS CASE REFERRED TO ME EXAMINER?	HOS	PITAL:			OTHER		ACE OF	DEATH (Ch	eck only o	ne)			
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Inves	21	Be. DATE OF I		28b. TII		26c. IN.	URY AT	Residence	_	SCRIBE HOW	INJURY O	CCURED	
EDB	3 Suicide 8 Coul	2		INJURY — At I	home, farm,	atreet, facto	ory, offic	•		281. LOG	CATION (Street or Town, State	and Numb)	per or Rural R	oute Number,
-	29a. CERTIFIER (Official only 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 29a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 29a. MICROSCAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 29b. MICROSCAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 29b. MICROSCAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 29b. MICROSCAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 29b. MICROSCAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 29b. MICROSCAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.													
IO BE COMPLETE	(Oneck only one) 2 MEDICAL 298 MIGNATURE AND TITLE OF	EXAMINER: On the	basis of ax	amination and/o	or Investigat	D. A.		leath occ	ured at the	time, det		29d. DA	the cause(s	

AND 02 68

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	0201	N F 3				
1. DECEDENT'S NAME (First, Middle,					2. DATE OF DEATH	AY YE	3. TIME OF DEATH				
Michael	.T	Bartholome	y		February						
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	In yrs. last birthday)	7. DATE OF BIRTH	8. 1	BIRTHPLACE (State or Foreign						
218 05 3156	1 🗙 M 2 🗎 F	59 YRS.	ONTHS DAYS	HOURA MIN.	(Month, Day, Year) Oct. 24,1		Maryland				
9a. FACILITY NAME (If not institution, University	of Maryland Me			timore,		9c. COUNTY Balti	of DEATN imore City				
University HESIDENCE OF DECEDER 100. STATE 100. C	OUNTY	10c. CITY, 1	TOWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?				
	Anne Arundel			Pasa		1 TYES 2 X NO					
10e. STREET AND NUMBER 211 Pike Rd. 11. MARITAL STATUS 1 Never Married 2 🕅 Married			10	ZIP CODE 211:	22		of what country? 1 States				
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO ATES	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	o or No— 14.	RACE — American Indian, Black, White, etc. Specify: White				
15. DECEDENT' (Specify only highes Elementery/Secondary (0-12) 6 17. FATNER'S NAME (First, Middle, La	S EDUCATION t grade completed) College (1-4 or 5 +)	16e. DECEDENT'S US (Give kind of wor life. Do NOT use of Litho	k done during mo etired.)	one during most of working ed.)							
17. FATNER'S NAME (First, Middle, Le Michael	ME (First, Middle, Malden		Kuhn								
7	196. INFORMANT'S NAME (Type/Print) Leona S. Bartholomey 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 211 Pike Rd., Pasadena, Maryland 21122										
20e. METHOD OF DISPOSITION 1 YBurlel 2 Cremetton 3 Removal from State other piece) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other piece) 20c. LOCATION — City or To											
4 Donation 5 Other (Specify) l	Maryland V				rownsv	ille, MD				
21. SIGNATURE OF FUNERAL SERV	Toldensee		McCu	-	ral Home o n Rd., Pas						
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OA AS A	ach line. A CONSEQUENCE OF:	Arra	est Pulmo	many Dis	ease	interval Between Onset and Death / 5 mm/s				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events CATOMIC RESTORAGE PSIMONARY DISEASE MONTH DUE TO/OR AS A CONSEQUENCE OF):										
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	nditions contributing to death b	out not resulting in	the underlyin	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C	eck anly one)						
1 TYES 2 NO	1 Inpatient 2 ER/Outs	patient 3 DOA 4	☐ Nursing Hor		8 Other (Specify)						
27. Matural 5 Pending		28b. TIME (TY W	JURY AT DRK? YES 2 NO	28d, OEŞCRIBE NOW	INJURY OCCUP	IED				
	28s. PLACE OF INJURY building, etc. (Soo	— At home, farm, atricity)	eet, factory, offi	20	281. LOCATION (Street City or Town, State	end Number or)	Rural Route Number,				
CONDUCT ONLY	PNYSICIAN: To the best of my know						ause(s) and manner ae stated.				
29b. SIGNATURE AND TITLE OF CE	RTIFIER /	id N		29c. LICENSE NU	MBER	29d. DATE S	IGNEO (Month, Day, Year)				
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	rint)	CC	D 15 00	0	17001				
AMIS ELLED MACHINE	32, REGISTRAR'S SIGN		ene	21	balt M	U d	1001				
31. DATE FILED (Month, Day, Year)	32. HEGISTHAR'S SIGN	ATUHE									

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bub filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rav 1/89

*	FOR STATE REGISTRAR	OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
D	DECEDENT'S NAME (First, Middle, Last)	MAE / / DDADIEV	2. DATE OF OEATH 2

	1. DECEDENT'S NAME (First, Middle, Last)	RRIER MAE	BRADLEY		OF DE	АПП	2. DATE OF OEATH		QQEAR	3. TIME OF DEATH
	Carrie UA	KKIE/STIAL	DRADLEI				21	7	10	7 es / M
	4. SOCIAL SECURITY NUMBER		E (In you last birthday,	1	YEAR IF U	NOER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI	HPLACE (State or Foreign
	212-32-6085	1 M 2 7	YRS.	- Individual	, nooi	MINT.	2-9-20		Nor	th Carolina
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY,	TOWN OR LOC	CATION OF O	EATH	9c. CO	UNTY OF C	DEATH
9	Sinai Hospital o	spital of Baltimore Baltimore								
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
DIRECTOR	Marriand								LIMITS?	
	Maryland 100. STREET AND NUMBER		l Da	ltimo	10f. ZIP 0	ODE		10a Ct	TIZEN OF	WHAT COUNTRY?
FUNERAL	1000 0					215				S.A.
Z I	4800 Seton Drive	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. W			NIC ORIGIN? (Specify	Yaa or No-	14. BAC	E American Indian
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	S 2 NO	18		Suban, Mexic	an, Puarto Rican, atc.		Spec	k, White, etc.
Q E	15. DECEDENT'S ED	UCATION	16a. DECEDENT	'S USUAL OC	CUPATION		18b. KIND OF	BUSINESS/IP	VOUSTRY	Black
<u></u>	(Specify only highest grad Elamentary/Secondary (0-12)	le completed) College (1-4 or 5+)		work done do	iring most of w	rorking				
7	Liamental y Secondary (0-12)	Conega (1-4 of 5+)	Custodi	al Wo	rk - R	etire	d City	Hosp	ital	
COMPLET	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Mai	7		
5	William Pratt						Belzer	, , , , , , , , , ,		
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	IG ADDRESS			Route Number, City or	Town, State, 2	Zip Code)	
2	Martha J. Higgs		3310	Rippl	Road	Ral	timore, N	m 212	07	
	20a. METHOD OF DISPOSITION	and the second	20b. PLACE OF DISP					LOCATION -		own, Stata
	1 Burial 2 Cremation 3 Rer		other place)	AMEZ	Churc	h Cem	etery Mo	rven	Nor	th Carolina
	21. SIGNATURE OF FUNERAL SERVICE UP THEE 22. NAME AND ADDRESS OF FACILITY									
	Marshall W. Jones, Jr. Funeral Home P.A. 4101 Edmondson Avenue, Baltimore, MD 21229									
CERTIFICATION	iMMEDIATE CAUSE (Final diseasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE S A CONSEQUENCE	OF):	m b	8-2-				
	PART II. Other algnificant condition	ons contributing to deat	h but not resulting	n in the unc	leriving cau	sa alven ir	Part i 24a WM	AN AUTOPS	v 24	b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL			T Set Het Hestitut	9 111 (110 011)	ionymy cau	oa given n	PEF	FORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
2	1 YES 2 DO	HOSPITAL:	Outpatient 3 DOA	OTHER 40 Num		Residence	8 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	ATH 28a. DATE OF INJURY (Month, Day Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED WORK?								
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide desemined	28a, PLACE OF INJI.	JRY — At home, farm Specify)	n, street, facto	ry, office		281. LOCATION (St City or Town, S		ber or Rural	Route Number,
COMPLETED	one)	SICIAN: To the best of my kn								(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIC	ENTO	M.	D	290.	LICENSE NO	JMBER 72	29d. D.	ATE SIGNE	0 (Month, Day, Year) 19-90
É	30. NAME AND ADDRESS OF PERSON W	, BOB	7220	pe, Print)	ke 41	ciph	to Are	212	208	
1	FFR 2 0 1990	Julia Day dison	INATURE DE							

DHMH-16 Rev 1/89

FEB 2 0 1990

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI				MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			TIME OF DEATH
	JOSEPH H. BA	TES					МОМТН		1990	EAR A	. 47 AM W
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	1	DAYS	IF UNDER 24 HRS.	7. DATE C		6.		ACE (State or Foreign
	212-18-9471 90. FACILITY NAME (If not institution, give s	X□ M 2 □ F 80	YRŚ.	MONTHS			MAY	13 19	09	M	D.
TOR	Union Memorial		Care U			Baltimo			9c. COUNTY	OF DEAT	
DIRECTOR	100. STATE 10b. COUNT	Y	10c. Cl	TY, TOWN 3 4 8	Kent	Balti ucky A	more	ie MD			d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 2848 Kentuc	kv Avenue			10f.	ZIP CODE				OF WHA	AT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	Never Merried 2 Merried FORCES? 1 X YES 2 NO				ENDENT OF HISPA city Cuban, Mexic 2% NO Speci	en, Puerto R			Bleck, W Specify:	American Indian, White, atc.
ED E	15. DECEDENT'S EDU	ICATION	16e. DECEDENT'S	S USUAL 4	OCCUPATIO	N	16b.	KIND OF BUS	SINESS/INDUS		hite
ETE	(Specify only highest grade	College (1-4 or 5+)	(Give kind of life. Do NOT of	work done	e durina mos	at of working					
COMPLET	n/a	n/a	U. S	. CO	AST (GUARD		U	.S. GO	VIT	
SO	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First, M	fiddle, Maiden	Surname)		
BE (JOHN BATES					REGI	NA M	[CCART]	HY		
10	190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and										
	MARIE FOLAN (FR					CY AVENU					1213
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) DRUID RIDGE MEMORIAL 20c. LOCATION - City or Town, State BALTIMORE MD.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME INC. 3331 Brehms Lane, Baltimore, Md. 21213									21 21 2	
	23. PART Enter the diseases, or ahock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	complications that cause Liet pnly one cause on e	each line.	not ente	or the mpo	de of dying, su	ch es card	lac or respi	ratory arrest	l,	Approximate intervel Between Onset and Death Zwert
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated evente resulting in death) LAST	b. STOMO	à CONSEQUENCE	OF):							Ewol
CAL	PART II. Other significant condition	ns contributing to deeth i	but not resulting	in the u	underfylng	cause given in	Part i.	24s, WAS AN PERFOR	RMED?	AM CC	ERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDI											YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE DF DEATH (C	heck only one	e)	_		
SIC	EXAMINER?	CAL 46. PLACE DF DEATH (Check only one) HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA 1 Inpetient 2 Other (Specify)									
	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TI	-	28c. INJU	URY AT	-		NJURY OCCUP	RED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm			ES 2 NO		ATION (Street of Town, State)	and Number or	Aurel Roul	te Number,
COMPLET	one)	SICIAN: To the best of my know ER: On the beele of examination									and manner so stated
	29b. SIGNATURE AND TITLE OF CERTIFIE		,			29c. LICENSE NU					
O BE	168	oure s				D 206		,	PZ/	1 . /	fonth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	low Not	EATH (ITEM 27) (Type 2) 7								
	10-1	200									

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	0	n	1	n	1	1
-	O	U	.5	U	ı	1

1. DECEDENT'S NAME (First, Middle, Last		CERTI	FICATE OF		REG.	NO.		
. DEDEDERT O THEME (FROM, IMPURIO, LIIS)	n				2. DATE OF DEATH	1	YEAR	3. TIME OF DEATH
Joseph			Bosk		2-13-		TEAH	3:46PM
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	. 8	. BIRTHI	PLACE (State or Foreig
213-14-0369	1 M 2 F	77 YRS.	MONTHS DAYS	HOURS MIN.	12/23/			NNSYLVAN
9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNT	Y OF DE	EATH
Sinai Hospital			Balt	imore Cit	У			
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	ITY	10c, Cl	TY, TOWN OR LOC	ATION				10d. INSIDE CITY
MARYLAND BALT	TIMORE	BA	LTIMORE					LIMITS?
10e. STREET AND NUMBER			1	IOI. ZIP COOE		10g. CITIZE	N OF W	HAT COUNTRY?
6 POMONA SOUTH,	APT. 6			21208		usa	ì	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT SAE FORCES? 1 YE IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2 NO R DATES	If yes, a	ECENOENT OF HISPA specify Cuben, Mexico ES 2 XNO Specif	n, Puerto Ricen, etc.			- American Indian, , White, atc.
15. DECEDENT'S ED			S USUAL OCCUPAT		16b. KIND OF	BUSINESS/INDU	STRY	
(Specify only highest gra	College (1-4 or 5+)	Ilfe. Do NOT	I work done during r use retired.)	nost of working				
	2	WHOL	ESALE PR	RODUCE	PROI	DUCE		
17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Ma	iden Sumame)		
HARRY BOSK				CELIA	HYATT			
19e. INFORMANT'S NAME (Type/Print)				t and Number or Rural				
HARRY BOSK				VALK CT.			234	
20e, METHOD OF DISPOSITION 1 © Burlel 2 © Cremetion 3 © Re	moval from State	Other place) BETH TF	OSITION (Name of a	cemetery, cremetory or		LOCATION — CI		
4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSES O. A.	DEIH IF				BALTIMOR	Œ,	MD
July h	_ tillus	hu	SOL	LEVINSON REISTER	& BROS.,).,	MD
resulting in death)	s. Putterpr	e injurie						
	ъ	S A CONSEQUENCE						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	bOUE TO (OR A	AS A CONSEQUENCE (OF):					
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	bOUE TO (OR A	S A CONSEQUENCE	OF):					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO (OR A c. DUE TO (OR A d. Ona contributing to deat	AS A CONSEQUENCE (OF): OF): g in the underlyi		er PEI	S AN AUTOPSY FORMEO? S 2 NO	24b.	WERE AUTOPSY FINO AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? XXPES 2 \(\) NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condition	b. OUE TO (OR A c. DUE TO (OR A d. Ona contributing to deat	AS A CONSEQUENCE (OF): OF): In the underlyi SEASE;		rer XXX YE	RFORMEO?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in daath) LAST PART II. Other significant conditions are in the conditions of the condi	b. OUE TO (OR A c. DUE TO (OR A d. Ona contributing to deat	h but not resulting	OF): OF): In the underly! LSEASE; 26. OTHER:	Fatty liv	YET XXX YE	RFORMEO?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condition of the condition	oue to (or A c. DUE TO (OR A d. d. tic cardiova HOSPITAL: 1 Inpettent 2 MORPAC	AS A CONSEQUENCE OF A C	OF):	PLACE OF OEATH (CO	YET XXX YE	RFORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condition in the condition of the condition	oue to (or A c. DUE TO (OR A d. d. tic cardiova HOSPITAL: 1 Inputtent 2 MORNO (Month, Day, Ye) 289. OATE OF INJUI	h but not resulting SCULAR di	OF): OF): In the underly! LSEASE; 26. OTHER: 4 Nursing H	Fatty liv	PEI XXX YE Teck only one) 8 Other (Specify) 28d. DESCRIBE H	RFORMEO? S 2 NO OW INJURY OCCU	JRED	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? ★○ ★○ ★○ ★○ ★○ ★○ ★○ ★○ ★○ ★
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condition in the condition of the condition	DUE TO (OR A c. DUE TO (OR A d. ona contributing to dest tic cardiova HOSPITAL: 1 Inpatient 2 280. OATE OF INJUI (Month, Dey, Voc 2-13-90 280. PLACE OF INJUI 280. PLACE OF INJUI	AS A CONSEQUENCE OF A C	OF): OF): OF): OF): OF): 26. OTHER: 4 Nursing Ho IME OF NJURY 45AM 1	PLACE OF OEATH (C) OPPOS C Recordence NJURY AT WORK? YES 2 2 100	PEI XXX YE Teck only one) 8 Other (Specify, 28d. DESCRIBE H VICTIM 28f. LOCATION (S)	S 2 NO NO INJURY OCCU OF auto	JRED acc	ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? **XX********************************
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condition	DUE TO (OR A c. DUE TO (OR A d. d. Cardiova HOSPITAL: Inpettent 2 Marve (Month, Day, No. 28e, PLACE OF INJUI 28e, PLACE OF INJUI	AS A CONSEQUENCE OF A C	OF): OF): OF): OF): OF): 26. OTHER: 4 Nursing Ho IME OF NJURY 45AM 1	PLACE OF OEATH (C) OPPOS C Recordence NJURY AT WORK? YES 2 2 100	reck only one) 8 Other (Specify) 28d. DESCRIBE H VICTIM 28f. LOCATION (S City or Town, 3	S 2 NO NO INJURY OCCU OF AUTO Treet and Number of	JRED account Rural F	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? **EXTES 2 \subseteq No Cident
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition in the condition of the condition	DUE TO (OR A c. DUE TO (OR A d. Ona contributing to desti LIC CARCLOVA HOSPITAL: 1 Inpatient 2 MANA (Month, Det, Net 2-13-90 28e. PLACE OF INJ building, etc. (3)	As a consequence of the but not resulting SCULAR discoupants of the but not result not resulting SCULAR discoupants of the but not resulting SCULAR discou	OF): OF): In the underlying the second sec	PLACE OF OEATH (CO	rer XXX YE neck only one) 8 Other (Specify, 28d. DESCRIBE H Victim 28f. Location (S City or Town, S 3400 Bl	S 2 NO OW INJURY OCCU OF auto reet end Number of State) OCK Pari	acc acc Rural F	ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? **XX********************************
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition in the condition of the condition	DUE TO (OR A c. DUE TO (OR A d. ona contributing to destitic cardiova HOSPITAL: 1 Inpatient 2 MANUA (Month, Day, Ye 2-13-90 28e. PLACE OF INJU building, etc. (3	As a consequence of the but not resulting SCULAR discoupants of the but not result not resulting SCULAR discoupants of the but not resulting SCULAR discou	of): g in the underly! Sease; 26. OTHER: 4 Nursing H ME OF NURY 45AM 1 C, street, fectory, of Road	PLACE OF OEATH (COOME 5 Recidence NUMBER AT WORK? YES 2 NO fice	reck only one) 8 Other (Specify, 28d. DESCRIBE H Victim 28f. Location (Specify or Town, Specify or Town,	DW INJURY OCCU OF auto Ock Pari	accon Rural F	ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? ***COMPLETION OF CAU OF DEATH? **COMPLETION OF DEATH. **C
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition in death) LAST PART III. Other significant condition in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1	DUE TO (OR A c. DUE TO (OR A d. d. TIC CARDIOVA HOSPITAL: 1 Inpatient 2 MORNO 280. DATE OF INJUI (Month, Day, Ye 2-13-90 280. PLACE OF INJUI building, etc. (3) VSICIAN: To the best of my ki	As a consequence of the but not resulting SCULAR discoular discoul	oF): g in the underly! SEASE; OTHER: 4 Nursing Ho IME OF NURY 1 1 0, street, factory, of ROAD	PLACE OF OEATH (COOME 5 Recidence NUMBER AT WORK? YES 2 NO fice	reck only one) 8 Other (Specify) 28d. DESCRIBE H VICTIM 28f. LOCATION (S City or Town, 3 3400 B1 Bank to time, date end place	OW INJURY OCCU OF AUTO OCK PAR Condition of the Manuer of State) OCK PAR Condition of the Manuer of State of the Manuer of the M	according to the second	ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? ***X********************************

BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$2,500; after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	1 - FOR STATE OF I		MENT OF HEALTH AND	MENTAL HYGIENE	
	1. DECEDENT'S NAME (First, Middle, Last) PEARL	ULINE (PEARL)	BERG	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 M 2 F	The second secon	FUNDER 1 YEAR IF UNDER 24 HRS. WITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (Salto or Foreign Country) 916 MARYLAND
JR.	9a. FACILITY NAME (If not institution, give street and number) BALTIMORE COUNTY GEN. HOSP		b. city, town or location of d ANDALLSTOWN	EATH	9c. COUNTY OF DEATH BALTIMORE
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		OWN OR LOCATION		10d, INSIDE CITY
	MARYLAND BALTIMORE	BALTI			1 VES 2 NO
FUNERAL	10e. STREET AND NUMBER		101. ZII ¹ CODE		10g. CITIZEN OF WHAT COUNTRY?
UNE	130% ST. ALBANS WAY 11. MARITAL STATUS 12. WAS DECEDER	NT EVER IN U.S. ARMED	21208		U . SA . or No— 14, BACE — American Indian,
BY		I ☐ YES 2 ☒ NO WAR OR DATES	If yes, specify Cuban, Mexico		Specify: WHITE
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	We Do NOT use a	done during most of working	16b, KIND OF BUSI	INESS/INDUSTRY
	Elementary/Secondary (S-II) College (I-4 or 5	HOUSEWI		AT HOME	
COMPL	17. PATHER'S HAME (First, Alletin, Lest)			AME (First, Middle, Malden S	
BE	MICHAEL GEARE	10h MAII INC AI	MINNIE DDRESS (Street and Number or Rural		Shaha Yin Control
2	MRS. KAREN MARCUS		. ALBANS RD B.		21208
	20s METHOD OF DISPOSITION 1-O Surfal 2 Commission 3 D Removal from State	20b. PLACE OF DISPOSITI	ON (Name of cemetery, crematory or	20c. LOC	ATION — City or Town, State
	21. BIOMATURE OF MICHAL BERYING CICENSEE	LAZER-RISS	A SKLAR FAM. C		EDALE, MD
	Manh		SOL LEVINSON 6010 REISTERS		
	23. PART I. Enter the diseases, or complications the	at caused the death. Do not			
			TVE HEAD	RT FAIR	
ATION	Conventially list conditions b.	O (OR AS A CONSEQUENCE OF):	RDIAL	INF	ARCTION
CERTIFICATION	CAUSE (Disease or Injury	O (OR AS A CONSEQUENCE OF):			
AL C	PART II. Other significant conditions contributing to	death but not resulting in	the underlying cause given in	Part I. 24a. WAS AN	
MEDIC				1 YES 2**	COMPLETION OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C	heck only one)	
HYS	27. MANNER OF DEATH 280. DATE O	FINJURY 285 TIME (□ Nursing Home 5 □ Residence DF 28c. INJURY AT	a Other (Specify) 2ad, DESCRIBE HOW IN	JURY OCCURED
ВУ Р	Natural 5 Pending 2 Accident Investigation	Day, Year) INJUF	WORK? M 1 YES 2 NO		
ETED		OF INJURY — At home, farm, stri j, afc. (Specify)	et, factory, offica	City or Town, State)	nd Number or Rural Route Number,
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER. On the basic of				ner as stated. d due to the cause(a) end manner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	M.D	D/2	757	29d. DATE SIGNED (Month, Day, Year) 2/15/90
1	R. DEVESTRE	USE OF DEATH (ITEM 27) (Typo, P)	WE GON	TY GEN	FRAL HOSPITAL
	31. DATE FILED (Month, Day, Year) 32. REGISTR	AR'S SIGNATURE			
					DHMH-18 Rev 1/89

TO VICTOR DI MENNEMBER TORRESSE

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 viours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALT		ENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (FIRST, MNATH DR, MARTIN	BOSKIN			2	DATE OF DEATH	- 11	YEAR 5:15 A M
	4. SOCIAL SECURITY NUMBER 556-12-1828			UNDER 1 YEAR IF UN		DATE OF BIRTH (Month, Day, Year) 6/8/15		8. BIRTHPLACE (State or Foreign Country) NEW YORK
DIRECTOR	90. FACILITY NAME (II not institution, give	Street and number) J GERIATRIC	HOSPITAL "	BANT M	ATION OF DEAT		9c. COUN	TY OF DEATH
2	10e. STATE 10b. COUN	TY	10c. CITY, TO	OWN OR LOCATION				10d, INSIDE CITY
E	MARYLAND	BALTIMORE	OW	INGS MILI	S			LIMITS?
	10e. STREET AND NUMBER			101. ZIP C			10g. CITIZ	EN OF WHAT COUNTRY?
ER	10915 PARK HEIG	HTS AVE.			21117			USA
BY FUNERAL	11. MARITAL STATUS 1 Never Married A Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	XXINO		uben, Mexicen, I	ORIGIN? (Specify Yee Puerto Ricen, etc.)	or No-	14. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	ucation de completed) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel OPTOMET	done during most of wi ired.)	orking	16b. KIND OF BUS	PTOME	
M	17. FATHER'S NAME (First, Middle, Last)	31	OPIGNET		OTHER'S NAME	(First, Middle, Maiden		INI
EC	JOSEPH BOSKI	N		10.10		RESLAU	sumame)	
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	ORESS (Street end Nun		ite Number, City or Town	. State. Zip (Code)
2	MRS. ANNA B. BO	SKIN				OWINGS MI		
	200. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITIO					Ity or Town, State
- 1	1X Burlel 2 Cremetion 3 Ra 4 Donation S Oth	moval from State	BALTIMORE	HEBREW		RE	ISTER	STOWN MD
1	21. SIGNATURE OF EMPERAL SERVICEA	SCHNSER SCHOOL STATE OF THE SCHOOL SC	*		INSON	& BROS., TOWN RD.		O., MD 21215
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in deeth) LAST	DUE TO (OR AS	ONIA A CONSEQUENCE OF): A CONSEQUENCE OF):	AR Acc	1 y ENT			
	PART II. Other algolificant condition	one contributing to death i	out not resulting in th	ne underlylna cau	a given in Pr	nrt I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						PERFOR	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL			26. PLACE C	F DEATH (Check	k only one)		
310	1 YES 2 NO	HOSPITAL:		THER: Nursing Home 5	Rasidence 6	Other (Specify)		
>-	27. MANNSR OF DEATH 1 Naturel S Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WORK?	2 NO	ed. DESCRIBE HOW I	NJURY OCC	URED
TED B	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJUR' building, etc. (Spe	Y — At home, farm, stree cffy)	t, factory, office	2	161. LOCATION (Street a City or Town, Stete)	and Number	or Aurel Route Number,
COMPLETED	onel	SICIAN: To the best of my know NER: On the besis of examination						ed.
TO BE	296. SIGNATURE AND TITLE OF GERTIF	as O. Yer	wh		2170	3 7	29d. DATE	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON V STRELITA O . 9 31. DATE FILED (Month, Day, Year)	VHO COMPLETED CAUSE OF DI	EVINTAVE +	EBREW GO	RIATIRIC	' CENTER	i H	16PITAL 21215
	FFB 20 1990 &	who Davidson- Asm	halls.					DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last			CATE OF		REG. N	O.	
	1)	100			2. DATE OF DEATH MONTH	DAY YEAR	3. TIME OF DEATH
WILLIAM BELL	William	n H. Bel	l Jr.		02 11	1990	12:17 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/4/2	Cou	THPLACE (State or Foreign untry) N. C.
214/26/4058 9a. FACILITY NAME (if not institution, give		00	OF CITY TOWN	OR LOCATION OF D		9c. COUNTY OF	
THE JOHNS HOP	KINS HOSPITAL		BALTI		TY	BALTI	
RESIDENCE OF DECEDENT 10a, STATE 10b. COUN		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
MD		BA.	LTIMOR	E CITY			1 🕅 YES 2 🗌 NO
10e. STREET AND NUMBER			10	. ZIP CODE	-2	10g. CITIZEN OF	F WHAT COUNTRY?
2026 E. PRES	TON STREET			21213		US	A
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2, NO	If yes, sp		NIC ORIGIN? (Specify 1 an, Puerto Rican, etc.) ly:	Bi	ACE — American Indian, ack, White, atc.
15. DECEDENT'S EC	DUCATION	16a. DECEDENT'S U	SUAL OCCUPATION	DN	16b. KIND OF E	USINESS/INDUSTRY	,
(Specify only highest gra-	College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during mo retired.)	ost of working			
NA		DISAB.	LED		NA		
17. FATHER'S NAME (First, Middle, Last) WILLIAM H. BE	LL SR.			18. MOTHER'S NA	AME (First, Middle, Meldle, CROFT	on Surname)	Determined
19a. INFORMANT'S NAME (Type/Print) T. U.T. A M.A.E.	BELL	19b. MAILING A	ADDRESS (Street	and Number or Rural	Route Number, City or 1 アアアアクタム	own, State, Zip Code)	, MD 2121
20211		06. PLACE OF DISPOSIT				LOCATION — City or	
20a, METHOD OF DISPOSITION 4 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify	moval from State	other place) MOUNT 7				ANSDOWN	
21. SIGNATURE OF FUNERAL SERVICE	iceuses ///	MOUNT Z		NO ADDRESS OF F		ANSDUMN	B, MD
23. PART I. Enter the dissases, o shock, or heart fellure iMMEDIATE CAUSE (Final disease or condition	e. List only one cause on	aach iine.	ot anter the me	oda of dying, suc			NORTH AVE Approximata Interval Batwe Onsat and Dec
resulting in death)	META	A CONSEQUENCE OF):	1+010	0212			21/ 130
	OUE TO (OR AS	A CONSEQUENCE OF):	:	/			
	120015			71000			SIV She
Sequentially list conditions, if sny, laading to immedista cause. Enter UNDERLYING	b. BOWE DUE TO (OR AS	A CONSEQUENCE OF)	ARCI.	70N			51x 150
	c	A CONSEQUENCE OF):		70N			SIX FOOT
if sny, laading to immadista cause. Entar UNDERLYING CAUSE (Diseass or injury that initiated events	cDUE TO (OR AS	A CONSEQUENCE OF):	:	•	Part i. 24a. WAS		SIX FOOM
if sny, laading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	tha undarfyir	g cause given in		AN AUTOPSY CORMED?	AVAILABLE PRIDE TO
if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condit	C. DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	the underlying	g cause given in	PERF 1 D YES	ORMED?	AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are income in the initiated events resulting in death) LAST PART II. Other significant conditions are income in the initiated events resulting in death) LAST PART II. Other significant conditions are income in the initiated events are income in the initiated events. The initiated events are income in the initiated events are income in the initiated events are income in the initiated events. The initiated events are income in the initiated events are income in the initiated events are income in the initiated events are initiated events are initiated events are initiated events. The initiated events are initiated events are initiated events are initiated events are initiated events. The initiated events are initiated events are initiated events are initiated events are initiated events. The initiated events are initiated events are initiated events are initiated events are initiated events. The initiated events are initiated events are initiated events are initiated events are initiated events. The initiated events are initiated events are initiated events are initiated events are initiated events. The initiated events are initiated events are initiated events are initiated events are initiated events. The initiated events are initiated events are initiated events are initiated events. The initiated events are initiated events are initiated events are initiated events are initiated events. The initiated events are initiated events. The initiated events are in	OUE TO (OR AS d	a consequence of: but not resulting in recy USE ABUSE	the underlying AL // N	g cause given in	YES 1 YES	ORMED?	AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are income in the initiated events resulting in death) LAST PART II. Other significant conditions are income in the initiated events resulting in death) LAST PART II. Other significant conditions are income in the initiated events are	OUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in TOTAL CONSEQUENCE OF): A BUSC Appetient 3 □ DOA	the underlying AL // A	LACE OF DEATH (C	PERF 1 YES heck only one) 6 Other (Specify)	ORMED? 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condit	OUE TO (OR AS OUE TO (OR AS d. OUR TO (OR AS DIE TO (OR AS	but not resulting in	the underlying the un	LACE OF DEATH (C)	PERF 1 YES heck only one) 6 Other (Specify)	ORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are incompleted in the initiated events resulting in death) LAST PART II. Other significant conditions are injury that initiated events resulting in death in the initiated events are injury. In the initiated events are injury and i	DUE TO (OR AS d. DUE TO (OR AS d. Ona contributing to death OUN ODE TO (OR AS DRUCE HOSPITAL: Inpatient 2 = ER/Ox Ronth, Day, Year A	A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in PUCY USE ABUSE repetient 3 DOA 29b. Time (29b. Time (2177 At home, farm, streetly)	26. FOTHER: 4 Nursing Hore PM 1 Treet, factory, offi	LACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO	PERF 1 YES 1 YES 1 Other (Specify) 26d. DESCRIBE HOTH 26f. LOCATION (Stre City or Town, Sh	ORMED? 2 NO N INJURY OCCURED et and Number or Rur menner as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condit	DUE TO (OR AS c. DUE TO (OR AS d	but not resulting in VCy VIP ABUSE Appetient 3 DOA 28b. Time INJU 27Y — At home, farm, streetly) wiedge, dasth occurred ton and/or investigation	28. P OTHER: 4 Nursing Hot OF 28c. IN RY 1 reet, factory, offi d at the time, dat i, in my opinion,	LACE OF DEATH (C) ne 5 Residence JURY AT DRK? YES 2 NO ce a end place, and du death occured at th	PERF 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOTH 28f. LOCATION (Streen City or Town, She to the cause(a) and determine, data and place,	ORMED? 2 NO NINJURY OCCURED et and Number or Rur ite) manner as stated. and due to the cause	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number,
if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are incompleted in the initiated events resulting in death) LAST PART II. Other significant conditions are injury that initiated events resulting in death in the initiated events are injury. In the initiated events are injury and i	DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in PUCY USE ABUSE repetient 3 DOA 29b. Time (29b. Time (2177 AT — At home, farm, streetly)	28. P OTHER: 4 Nursing Hot OF 28c. IN RY 1 reet, factory, offi d at the time, dat i, in my opinion,	LACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO	PERF 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOTH 28f. LOCATION (Streen City or Town, She to the cause(a) and determine, data and place,	N INJURY OCCURED et and Number or Ruste) manner as stated. and due to the cause 29d, DATE SIGN.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condit	DUE TO (OR AS d. Ona contributing to death OUND DEATH CIEN S DRUCG HOSPITAL: y inpatient 2 = ER/Ox (Month, Day, Year 28a. DATE OF INJURY (Month, Day, Year 28a. PLACE OF INJURY (Month, Day, Year AND DEATH CIEN ONE STATE OF INJURY (Month, Day, Year AND DEATH CIEN ON THE BEST OF INJURY ON THE BEST OF INJURY	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in Y C Y	26. P 27. In the underlying the second of t	LACE OF DEATH (Come 5 Residence JURY AT DIRK? YES 2 NO ce a and place, and du death occured at th	PERF 1 YES 1 YES 1 YES 1 YES 1 YES 1 YES 2 Other (Specily) 2 Ed. DESCRIBE HOTH 2 City or Town, Sh 1 to the cause(a) and detime, data and place, 1 MBER	N INJURY OCCURED et and Number or Rur manner as stated. and due to the cause 29d, DATE SIGN	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number, se(a) and manner as stated NED (Month, Day, Year)

ממנוונים מסכול ווי וויסנסס כעמוווים וויסט מס וויסט מס וויסט מסכול וויסט מסכול

OR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

_	REGISTRAR		CI	ERIIF	CALL	: OF	DEAL	I H	RE	EG. NO.		
	1. OECEOENT'S NAME (First, Middle, Lest)	J.		UN	IF UNDER 1 YEAR IF UNDER 24 HRS.				2. OATE OF O	12	YEAR 90	3. TIME OF OEATH 2.58 P M
	207-05-4006	1 🕸 2 🗆 F	AGE (In yrs. led 71	et birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. OATE OF BI	.14,1918	6. BIRTI	PLACE (State or Foreign PARYLAND
BY FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) SINAI HOSPITAL					96. CITY, TOWN OR LOCATION OF GEATH BALTIMORE					INTY OF C	DEATH
	10a, STATE 10b, COUNTY MARYLAND			10e. CITY, TOWN OR LOCATION BALTIMORE				10d. INSIDE CIT LIMITS? 1 YES 2			diam's	
	100. STREET AND NUMBER 2409 EVERTON RD.					101, ZIP COOE 21209					USA	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married MAX Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	AYES 2	RMEO	1	t yes, sp		ın, Mexicar	n, Puerto Rican,	ecify Yee or No— , etc.)	14. RACI Blac Spec	E — American Indian, k, White, atc.
PLETED	15. OECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION	(6	ECEOENT'S Give kind of v Do NOT us HO	vork done o e retired.)	during mo	ON ist of workin			O OF BUSINESS/IN	OUSTRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) ABRAHAM BROWN						16. MOT			, Malden Surname) RESS		
TOB	19a. INFORMANT'S NAME (Type/Print) MRS. BARBARA K.	BROWN	19				N RD		BALTO.	ty or Town, State, Z.	(p Code) 21209)
	20av,METHOO OF OISPOSITION 1		20b. PLACE other o B	OF OISPOS	ORE	HEBF	REW				CERSI	OWN, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	-							OS., INC		MD 21215
ERTIFICATION	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	e. Vew oue rous	OR AS A CONSE	EQUENCE OF	Pi On	į.	de of dy	han	h as cardiac	or respiratory a	rreet,	Approximate interval Between Onset and Death 5 Min 5 ycs
N: MEDICAL C	PART II. Other significent condition		cas e	resulting	in the un	deriyin	g ceuee	given in		. WAS AN AUTOPSY PERFORMEO? YES 2 NO	241	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ANO
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO											
BY PHY	27. MANNER OF CEATH 269. OATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO 26d. OEŞCRIBE HOW INJURY OCCUREO INJURY 1 YES 2 NO											
	2 Accident 3 Suicide 6 Could not be determined 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street											
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year)											
	30. NAME AND ADDRESS OF PERSON WH	Quan	ings		Print)	O	Lit	Svd	n R	d Rio	nds	Is town Mel
	FEB 20 1990	32. REGISTRAR	S SIGNATURE									

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After 1	hours after death with the St	mar
OR:)	fter d	00
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DIR	hou	Item 2

	FOR STATE REGISTRAR	STATE OF MAR		EPARTMEN TIFICAT			MENTAL	HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)	2, ADA		BUCKNE			MONTH	OF DEATH	Y YEA	3. TIME OF DEATH 2:30 P. M	
	4. SOCIAL SECURITY NUMBER 219 286 807	5. SEX 8. A	GE (In yrs. lest bin	thday) IF UNDE MONTHS	R 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		DE BIRTH Day, Year)		RTHPLACE (State or Foreign punitry)	
FUNERAL DIRECTOR	98. FACILITY NAME (If not institution, give street and number) CHURCH HOSPITAL CORPORATION RESIDENCE OF DECEDENT 99. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY									F DEATH	
	10a. STATE 10b. COUNT	10	DC. CITY, TOWN		ORE C	ITY		10d. INSIDE CITY LIMITS? 1 VES 2 NO			
	10e. STREET AND NUMBER 2237 MCELDERR	Y ST.			101	2120	5		10g. CITIZEN O	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR C	ES 2 NO	13	If yes, spi	ENDENT OF HISP polify Cuban, Mexi 2 (NO Spec	can, Puarto F		E	NACE — American Indian, Black, White, etc. Specify: BLACK	
TO BE COMPLETED B	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give k	DENT'S USUAL of kind of work done NOT use retired.	during mo		16b.	KINO OF BUS	INESS/INOUSTR	ny	
	17. FATHER'S NAME (First, Middle, Last) KEDAH SI	JTTON		0011201		18. MOTHER'S I				NG	
	19a. INFORMANT'S NAME (Type/Print) WILLIAM H. THOMAS	S				nd Number or Run RY STREE				, 21205	
	20s. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE OF other place) KING M	DISPOSITION (A	lame of cer LPAF	netery, crematory o	′		DALLSTO		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				MARCH		101 F	NORTH	AVENUE	
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CEREBF	OVASCI	JLAR A			uch as card	liac or respl	ratory arreat,	Approximats Interval Batween Onsat and Daath	
ATION	Sequentially list conditions, If any, isading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DIABETES MELLITUS										
CERTIFICATION	CAUSE (Disease or Injury that initiated evants resulting in death) LAST	C		NSEQUENCE OF):							
MEDICAL	PERFORMEO? 1 YES 2 No DI								24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF OEATH	Check only or	ne)			
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	YES 2 NO 1 Inpatient 2 ER/Outpatie NER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)			28b. TIME OF 28c. INJURY AT WORK?			28d. DESCRIBE HOW INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	JURY — At home, (Specify)	M 1 YES 2 NO				281, LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29a. CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29a. CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									use(a) and manner as stated.	
TO BE C	296. SIGN TURK AND JULE OF CENTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 296. LICENSE NUMBER 214, 400.									2/14/90.	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 100 N. BROADWAY BALTIMORE, MD. 21231 DR. WALKER IMPAGLIATELLI, M.D. CHURCH HOSPITAL CORPORATION										
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE								

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1	FOR STATE REGISTRAR	STATE OF M			TMENT OF		MENTAL HYGIEN		90	0401
	I. DECEDENT'S NAME (First, Middle, Last) James B:	rown					2. DATE OF DEATH	12, 1	YEAR	TIME OF DEATH
	015-12-4317	5. SEX 1 M 2 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/3/11	12,	8. BIRTHPL Country)	ACE (State or Foreign JERSEY
	oa. FACILITY NAME (If not institution, give st Maryland Ge		% CITY, TOWN OR LOCATION OF DEATH Baltimore City							
1	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MARYLAND		10c. CIT	Y, TOWN OR LOCA Balt	imore Ci	ty			Dd. INSIDE CITY LIMITS? X YES 2 NO	
בושון	3909 GARRISON	BOULEVA	RD		10	or. ZIP CODE 21215	5	10g, CIT	USA	AT COUNTRY?
1 3	11. MARITAL STATUS Never Merried 2 X Married Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W 1942-1	YES 2 1	RMED NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 X NO Speci	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	a or No-	14. RACE Black, V Specify: BLA	- Amarican Indien, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(G	ECEDENT'S live kind of a Do NOT us	USUAL OCCUPAT work done during n se retired.)	ION ost of working	18b. KIND OF BU	JSINESS/IND	DUSTRY	
	7. FATHER'S NAME (First, Middle, Last)					1	AME (First, Middle, Maide	n Surname)		
	JAMES W. BROWN 1981. INFORMANT'S NAME (Type/Print)		T es	6 ABAU 1816	4000000 (0	1	ROBINSON Route Number, City or To			
	DELORES BROWN						/DBALTI			21215
2	20a. METHOD OF DISPOSITION X Burlel 2 Cremation 3 Remo	oval from State	20b. PLACE other pa	OF DISPO	SITION (Name of co	emetery, cremetory or	20c. L	OCATION —	City or Town	
li li	H. SIGNATURE OF FUNERAL SERVICE LIG	MISEE O	HH.	_	LERC	Y O. DY		ON FU	INERA	L HOME
	AMP L Enter the visces, or canock, or land feiture. If the disease or condition resulting in deeth)	Pneum	on each line	ð.	not enter the m	ode of dying, suc	ch as cerdlec or res	piratory an	rest,	Approximete Interval Betweek Onset and Deat
	DUE TO (OR AS A CONSEQUENCE OF): Metastatic Prostatic Cancer (carcinoma) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	Sepsis CAUSE (Disease or Injury hat Initiated events equiting in death) LAST d. Sepsis OUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significent condition	s contributing to	death but not	resulting	in the underlyl	ng cause given in	Pert I. 24e. WAS A PERFO	PRMED?	C	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 \(\text{\tinx{\text{\tinx{\text{\tex{\tex
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOCALITAL 26. PLACE OF DEATH (Check only one)									
	1 TYES 2 NO	HOSPITAL:	ER/Outpatient	OTHER: 4 Nursing Ho	me 5 🗆 Residence	ence 8 🗆 Other (Specify)				
2	27. MANNER OF DEATH 1 Netural 5 Pending (Morth, Day, Year) 2 Accident Investigation			28b. TIME OF INJURY AT WORK? M 1 YES 2		ORK?	NO 28d. DESCRIBE HOW INJURY OCCURED		CURED	
	3 Suicide 8 Could not be determined	F INJURY — AI ho etc. (Specify)	ome, farm,	street, factory, off	ca	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			ite Number,	
2	1 CERTIFIER (Check only one) 1 MEDICAL EXAMINE						e to the cause(a) and me e time, data and place, a			nd manner as stated.
N 2	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NU PROPRIED (MG) PEDRUARY								fonth, Day, Year) CY 12, 199	
	0. NAME AND ADDRESS OF PERSON WH					General H	Mospital	▶ Fe	ebruai	ry 12, 1

32. REGISTRAR'S SIGNATURE

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fer death. Page 6 may be retained by the hospital or at the funeral director, page 5 mount be directord for exed. oral.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 mount to director, page 6 mount to director,
the funeral director, page 5 mount in director for each oval. al examiner must be notified at once.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removing MPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
BALTIMORE, MAHYLAND 2120 ter death. Page 6 may be retiined by the months or at	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after
BALTIMOBE MARYLAND 2120	1

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. STATE REGISTRAR	C	ERTIFICATI	OF DEATH	REG. N	0.	
1. OECEDENT'S NAME (First, Middle, Last)	2.11			2. DATE OF DEATH MONTH	DAY. YEAR	3. TIME OF DEATH
James	Dradle	24		2-1	6- 40	433 04
207-20-8500	5. SEX 6. AGE (In yrs. let	YRS. F UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. OATE OF BITTI	29	ATHPLACE (State or Foreign untry) ACTU AND
BON SCOLLESIDENCE OF DECEDENT	urs Hospit	al b	TOWN OR LOCATION OF O	EATH	9c. COUNTY OF	DEATH
Sa. STATE 10b. COUNT	Υ	10c. CLTY, TOWN	PR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
Do. STREET AND NUMBER	1 6 01	1	10f. ZIP COOE		10g. CITIZEN O	F WHAT COUNTRY?
3/3 S. Cot	TIETTE STE	THED 13.	2120 WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify)	(ea or No — 14. R/	ACE American Indian,
Never Merried 2 Merried □ Widowed 4 □ Divorced	FORCES? 1 YES 2 F IF YES, GIVE WAR OR DATES	NO	H yes, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puarto Rican, atc.)	81	eck, White, etc. pecity: Black
15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		CEDENT'S USUAL Of ive kind of work done to NOT use retired.)	CCUPATION during most of working	18b. KIND OF B	U-AGR	
7. FATHER'S NAME (First, Middle, Last)			18, MOTHER'S N	AME (First, Middle, Maid	en Surnetule)	
DOTIS Bra	dleu i	18 S. C	atherine	Route Number, City or The Street	Own, State, Zip Code) Dalta	mD 2120
Do. METHOD OF DISPOSITION Burlai 2 Cromation 3 Ren Donation 5 Other (Specify)	noval from Stata 20b. PLACE		ame of cometery, cremetory or	20c.	LOCATION - City of	Town, State
SIGNATURE OF FUNERAL SERVICE L	censee	22.7	NAME AND ADDRESS OF F	FOIL FU	neral	Home
MMEDIATE CAUSE (Finel liseese or condition esulting in death)	s. OUE TO (OR AS A CONSE	OUENCE OF)	Failu			Interval Between Onset and Dea
Sequentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury het initiated events seutting in deeth) LAST	b. OUE TO (OR AS A CONSE	429	peloni			3dey
PART II. Other eignificent condition	ne contributing to death but not	resulting in the u	nderlying ceuse given in	PERF	AN AUTOPSY CORMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH (C	heck only one)		
1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetiant 2 ER/Outpetiant 25a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	S Other (Specify) 28d, DESCRIBE HOV	W INJURY OCCURE	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide delemined	28s. PLACE OF INJURY - At h		1 NES 2 NO	261. LOCATION (Stree City or Town, Ste		ral Route Number,
CONSUM UTILY	SICIAN: To the best of my knowledge, d					se(a) and manner sa stated.
DE SIGNATURE AND TITLE OF CERTIFIE	Plon		29c, LICENSE NI	JMBER /	29d. OATE SIGN	NEO (Month, Day, Year)
Philip Konits	M.D. 1940		Itimore S	t. Balte	md.	21273
1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE					

DHMH-16 Rev 1/89

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1. J. m. D. 1

	1 - STATE REGISTRAR	STATE OF MARY		MENT OF H			YGIENE EG. NO.	20	0401
	1. DECEDENT'S NAME (First, Middle, L		BUCKING			2. DATE OF I	15, 1990	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-03-4780 9e. FACILITY NAME (If not institution, g	1 🕮 M 2 🗆 F 7	2 YRS.	F UNDER 1 YEAR HONTHS DAYS 9b. CITY, TOWN (IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF E (Month, De 12/	13/1917	Countr	PLACE (State or foreign y)
CTOR	St. Agnes Hosn	ital		Baltim	ore , Ma	ryland			
DIRECTOR	raryland	UNTY		town or locat	TION				10d. INSIDE CITY LIMITS? 1 XXES 2 NO
FUNERAL	634 Stamford Ro	ad			21229			.S.A	HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TY YES IF YES, GIVE WAR OR 1946-1947	IN U.S. ARMED 5 7 .10 DATES	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2X NO Specify	n, Puerto Ricar	pecify Yes or No-	14. RACE Black Speci	- American Indian, White, etc.
ETED	15. DECEDENT'S (Specify only highest of Elamentery/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	18e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo	ON ost of working	16b. KIN	D OF BUSINESS/INC	DUSTRY	VVIII
COMPLET	1.2 17. FATHER'S NAME (First, Middle, Last		WESTERN	ELECTRI		PI	PE FITTH	ER	
BE C	JULIUS J. BU	CKING			ANNA I	MARIA	HARTL		
2	190. INFORMANT'S NAME (Type/Print) HILDA H. BUCKIN	C			nnd Number or Rural I				11220
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3	Removal from State	Db. PLACE OF DISPOSI other place)	TION (Name of cer		LITTOR	20c. LOCATION —	City or To	wn, Stata
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	LOUDON PA	LEROY	M. & RU	SSELL	C. WITZK	E FUI	MARYLAND NERAL HOME LE, MD.212
CERTIFICATION	23. PART I. Enter the diseases, shock, or heart felix immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events recuiting in death) LAST	a. Maligner DUE TO (OR AS DUE TO (OR AS	eech line.	ulis (C)					Approximate Interval Betwo
MEDICAL	PART II. Other algolificant cond	itions contributing to death	but not resulting in	the underlyin	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)			
РНУ	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat	28a. DATE OF INJURY (Month, Day, Year)		OF 26c. IN.	JURY AT DAK? YES 2 NO		BE HOW INJURY OC	CURED	
ETED BY	3 Suicide 6 Could no determine	28e. PLACE OF INJUF	77	- 0	20		ON (Street and Number own, State) An Our	-	Poute Number,
COMPL	one)	HYSICIAN: To the best of my kno MINER: On the basis of examinat							a) and manner as state
TO BE	A. A.	SIGNT PHYSIC			29c. LICENSE NUI	MBER		TE SIGNED	(Month, Day, Year)
	N. T.	ANJNATED,	M.D. St		HUSTIANL	gor C	ATM AVE	Bau	TU, MM 2,2.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	INATURE						

FEB 2 0 1990 Julia Shiridan Andrew

BALTIMORE, MARYLAND 21203-314

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DHMH-16 Rev 1/89

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n 24	by fill	the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. P	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral has find within 20 hours after death with the State heart, of Health and Mental Hodiene prior to burial ceremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examin
urted	CO	0
ехес	and	mat
e pe	rician	Irau
hcate	phys of	-
certi	ling Vaie	to
ath	ttenctal H	0
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res t	igne	53
nba	en s	hov
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2	22	×

	1 - STATE REGISTRAR CE			DEATH		G. NO.		
	1. OECEOENT'S NAME (First, Middle, Last) MARY ANN CHRISTENSEN				2. OATE OF O	-16-90	YEAR	3. TIME OF OEATH 4:35P
	4. SOCIAL SECURITY NUMBER 071-01-6619 5. SEX 1 □ M 2 1 F 82	birtnday) IF L	INDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	5-07	Coun	HPLACE (State or Foreign fry) higan
TOR	99. FACILITY NAME (If not institution, give street and number) GREATER BALTIMORE MEDICAL CENTER			IMORE	ATH		OUNTY OF I	
DIRECTOR	Maryland Balitmore	Tows	WN OR LOCAT	TION				10d. INSIDE CITY LIMITS? 1 YES 2
FUNERAL	Maryland Balitmore 100. STREET AND NUMBER 305 E. Joppa Road (TABCO Towers)	Apt 7		21204			S.A.	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 XXVIdowed 4 Divorced 12. WAS DECEDENT EVER IN U.S., ARM FORCES? 1 VES 2 No IF YES, GIVE WAR OR DATES	MED O	If yes, sp	ENDENT OF HISPAN ecity Guban, Mexica 243 NO Specify	n, Puerto Rican		- 14. RAC Blac Spec	E — American Indien, k, Whita, etc.
COMPLETED	(Specify only highest grade completed) (Gh Elementery/Secondary (0-12) Collega (1-4 or 5 +)	EEDENT'S USUA TO KIND OF WORK OF DO NOT use reti	done during mo red.)	ON st of working	16b. KIN	O OF BUSINESS	PINDUSTRY	
COM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA			e)	
BE	William Thomas Baldwin	MAILING ADD	RESS (Street)	Katheri:			Zio Code)	
10				en Ct. F				
	20s. METHOD OF DISPOSITION 1 LX Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	osposition (kwood	Cemet			Baltim	ore,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Martin Dippel		22. NAME A	Dippel 10 Belai:	Funera: r Road	l Home. Balti	Inc.	MD. 21206
SATION	23. PART I. Enter the diseases, or complications that ceused the decision shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) HEART FAILURE DUE TO (OR AS A CONSECTION OF TO (OR AS	RE DUENCE OF): ARY A	RREST		h se cardiac	or respiratory	arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	UENCE OF):						
MEDICAL	PART II. Other significant conditions contributing to death but not re	esulting in th	ne underlyin	g cause given in		WAS AN AUTOF PERFORMED? YES 2X NO		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? V HQSPITAL:	01	26. P	LACE OF OEATH (Ch	eck only one)			
HYS	1	26b. TIME OF	26c. IN	URY AT		ecily) BE HOW INJURY	OCCURED	
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	M 1 🗆	YES 2 NO				
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At hor building, atc. (Specify)	me, farm, stree	t, factory, offic	ea .		N (Street and Nul wn, State)	mber or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, de							(e) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CRITICIAN AND THE STATE OF CRITICIAN AND THE ST	0		29c. LICENSE NUI	MBER	29d.	DATE SIGNE	0 (Month, Day, Year)
10	30. NAME AND ADDRESS OF PEASON WHO COMPLETED CAUSE OF DEATH (ITEM ALVARY) TEREZ M. D. 120				/11/5	AA DVI AN	0.040	02
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	13Y.UK	KUAD	LUTHER	VILLE.	IAKYLAN	u_Z10	9.5
	FEB 20 1990 Julie Swidson Royales							DHMH-16 Rev 1/89

1. DECEDENT'S NAME (First, Middle, Last)

MARGARET WITTERS CHAMBERLAIN

2. DATE OF DEATH

3. TIME OF DEATH 12.30

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Item

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item hours 8

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TO THE FUNERA
be filed within 72
IMPORTANT: 1

7. DATE OF BIRTH (Month, Day, Year)
JAN . 27,02 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MARYLAND 1 M 2 7 F 88 YRS. 216-07-5687 D 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MD. XX YES 2 NO BALTIMORE CITY 10a. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21239 U.S.A. 1214 RAMBLEWOOD ROAD 12. WAS DECEDENT EVER IN 0.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—If yes, specify Cuben, Maxican, Puarto Rican, etc.)

1 □ YES 🖅 NO Specify: 11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Married Specify: WHITE BY Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete tab. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) TEACHER EDUCATION 12 4 17. FATHER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Maiden Surname, AGNES MAULSEY CLIFFORD C. WITTERS BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2708 ALDEN ROAD BALTIMORE, MD. 21234 MARILYN CHAMBERLAIN 20a. METHOD OF DISPOSITION

Buriel 2
Cremetion 3
Removal from State 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or WOODLAWN, MD. 21207 WOODLAWN CEMETERY 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD HENRY W. JENKINS AND SONS CO BALTO. ND R. H. Ruty 212 23. PART I. Enter the disesses, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition ilmonan (wenter reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediata couse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE THE YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28e, DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide a Could not be 4 Homicide COMPLET 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(e) end menner as attend. 2 __MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND PITTLE OF CONTENTED 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Extar 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4300 16. Charles 5.4 MO Baldur 2-12-18 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE a Davidson-Randoll

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_______ USS OV 85

1 - STATE REGISTRAR	STATE OF MARY	CERTIF	RICATE OF	HEALTH AND F DEATH	MENTAL HYG REG.		
1. DECEDENT'S NAME (First, Middle, L	//	James I	Edward (lancy	2. DATE OF DEAT	DAY Y	ar 3,56 P
4. SOCIAL SECURITY NUMBER 219-28-37	35 i 3€ M 2 □ F	58 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTI (Month, Day, Yo.	1-31	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, sharbor Hospi				on Location of C	City	9c. COUNTY	OF DEATH
Harbor Hospi RESIDENCE OF DECEDEN 10a. STATE 10b. CO Maryland	Ť	10c. CIT	ry, town or loc				10d. INSIDE CITY
Maryland =			Baltimo				1 X YES 2 NO
10e. STREET AND NUMBER				IOF. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
100. STREET AND NUMBER 3611 St. Vic				21225			U.S.A.
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1XX YE IF YES, GIVE WAR OR KOTEAN	S 2 NO	If yes,	specify Cuban, Mexic ES 2 X NO Spec	an, Puerto Rican, etc		RACE — American Indian, Black, Whita, atc. Specify: White
15. DECEDENT'S (Specify only highest	grade completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPA work done during use retired.)	TION most of working	16b. KIND O	F BUSINESS/INDUS	
8th Grade	College (1-4 or 5+)	Meat	t Cutter		Gr	ocery St	ore
Elementary/Secondary (0-12) 8th Grade 17. FATHER'S NAME (First, Middle, Las	•			18. MOTHER'S N	AME (First, Middle, M.		
Edward	Clancy	- I was a second		Alma		, , acas	
19a. INFORMANT'S NAME (Type/Print) Shirley F. (llanov		,	t and Number or Rura			aryland 2122
20a. METHOD OF DISPOSITION		Ob. PLACE OF DISPO				c. LOCATION — City	
1X Buriel 2 Cremation 3 4 Donation 5 Other (Specify)		Md. Stat	te Veter	ans Ceme	tery	Crownsvi	lle, Maryland
21. SIGNATURE OF FUNERAL SERVICE		,		and address of F	ACILITY		- M - 1-01/22
Kickard	L & Darin						Md. 21225
Sequentially list conditions, if eny, laading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE O	OF): OF):	Card			
PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ditions contributing to death	but not resulting	in the underly	ing ceuse given i	PE	AS AN AUTOPSY ERFORMED? ES 2 NO	24b. WERE AUTOPSY FINDIN AMILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC			26	PLACE OF DEATH (Check only one)		1
EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER: 4 Nursing h	ome 5 🗆 Residence	6 Other (Specific	y)	
		28b. Ti	IJURY	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE I	HOW INJURY OCCU	RED
2 Accident Investiga 3 Suicide 6 Could no 4 Homicide determin	28e. PLACE OF INJU- building, etc. (S	IRY — At home, farm, pecify)			261. LOCATION (S City or Yown,		Rural Route Number,
TOTAL OTHY	PHYSICIAN: To the best of my kn AMINER: On the bests of examine						
296. SIGNATURE AND TITLE OF CER	TIFIER			29c. LICENSE N			BIGNED (Month, Day, Year)
tap &				037	200	12	-14-90
30. NAME AND ADDRESS OF PERSO	h 1	C/Mah	pe, Print))			
FEB 20 1990 (bar)	Wie Widow Wing						

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O. DOA 13146, BALLIMORE, MARILAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.O. BOA 13148,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or	

FOR 1 - STATE REGISTRAR	STATE OF MAI			F HEALTH AND	MENTAL HYGIEN	_	
1. DECEDENT'S NAME (First, Midde DANIEL JOSEI					2. DATE OF DEATH MONTH D	AY YEAR 90	3. TIME OF DEATH 3:00A
4. SOCIAL SECURITY NUMBER 213-07-7364		AGE (In yrs. last birthda)	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) 4/25/09	8. BIRT Coun	HPLACE (State or Foreign
9a. FACILITY NAME (If not institute 43 Glenwood A	Avenue			wn or Location of I tonsville	DEATH	9c. COUNTY OF Balt	imore
	county Baltimore	10c. C	Catons				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. SYREET AND NUMBER 43 Glenwood	Avenue			10f. ZfP CODE 21228		U.S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Olvorced	12. WAS DECEOENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yo		ANIC ORIGIN? (Specify Yacan, Puarto Ricen, atc.)	Biac	E — American Indian, ck, White, atc. White
	it's EDUCATION lest grade completed) College (1-4 or 5+)	(Give kind life. Do NOT	of work done during use retired.)	g most of working		siness/industry	
17. FATHER'S NAME (First, Middle, James A. Car					S. Hock	Sumame)	
Daniel J. Ca:					Baltimore		nd 21228
1 XBurlel 2 Cremetton 3 4 Donatton 5 Other (Spo- 21, SIGNATURE OF JUHERAL SE	COLY) REVICE LICENSES US G.	other piece) Oaklawn	22. NAM Hub 410	E AND ADDRESS OF O bard Fune 7 Wilkens	ral Home,	Inc. altimore	Maryland Md. 2122
23. PART I. Enter the dieaer shock, or haart IMMEDIATE CAUSE (Final disease or condition resulting in death)	ses, or complications that fallura. List only one calma	on each line	o not antar the	y Cer	ech as cardiac or reap	ilratory arrest,	Approximata Interval Betwee Onaat and Deat
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	A AS A CONSEQUENCE	OF):	achter	ecutt. natification	anic	noise.
	onditions contributing to de		pul		PERFO 1 - YES	RMED?	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
1 VES 2 NO 2? MANNER OF DEATH 1 Natural 5 Pens	1 ☐ Inpatient 2 ☐ E 28e. OATE OF IN. (Month, Day,	R/Outpatient 3 DO/ JURY Year) 28b.	TIME OF 28	Home 5 Residence: INJURY AT WORK? YES 2 NO	e 8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUREO	
3 Suicide 8 Courl 4 Homicide detail	d not be mined 28e. PLACE OF II building, atc	NJURY At home, fan (Specify)	m, atreef, factory,	office	281. LOCATION (Street City or Town, State		Route Number,
CORROCK UTINY	NG PHYSICIAN: To the best of my EXAMINER: On the bests of exer						(a) and menner as stated.
29b ATURE AND TITLE OF	erecc	achi	-mp	D)	975	29d. DATE SIGNE	(Month, Day, Year)
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j	I within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	FTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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1	FOR STATE REGISTRAR	E OF MARYLAND / D	EPARTMEN'			MENTAL HYGII			
	1. DECEDENT'S NAME (First, Middle, Last) MICHAET A	CLARI	K			2. DATE OF DEATH	DAY	EAR 3. T	1 PM
	4. SOCIAL SECURITY NUMBER 215-66-2236 9. FACILITY NAME (If not institution, give street and n	73	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, 12/18/	55	Country) MARY	E (State or Foreign
DIRECTOR	LIBERTY MEDICAL	CENTER.	2 8/1	ALTI	MORE	e 174	BAUT	TIMO	RE CITY
. 10-	MARYLAND 10b. COUNTY		BALTI		E CITY	+ 5			INSIDE CITY LIMITS? YES 2 NO
RAL	1713 N. DUKELAND	STREET		101.	21216		10g. CITIZEN	USA	COUNTRY?
644	11. MARITAL STATUS 12. WAS FOR	DECEDENT EVER IN U.S. ARMI CES? 1 YES 2 XNO ES, GIVE WAR OR DATES	ED 13.	It yes, spe	ENDENT OF NISPAN	IIC ORIGIN? (Specify n, Puerlo Rican, etc.)	Yaa or No— 14.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College) (Give	DENT'S USUAL C kind of work done to NOT usa retired.)	during mos		16b. KIND OF	BUSINESS/INDUS	TRY	
BE CON	17. FATNER'S NAME (First, Middle, Last) ORIVILLE CLARK				PATTI	ME (First, Middle, Male E MCLAU	GHLIN		
10	19a. INFORMANT'S NAME (Type/Print) PATTIE WARREN					ST.:BAL			216
	20a. METHOD OF DISPOSITION 1 □ Burlat 2 XCremation 3 □ Removal from 4 □ Donetton ▶□ Other (Specify)	Stata 20b. PLACE Of other place METRO	9)		Y INC.		LTIMOR		ARYLAND
	21. GIGNATURE ON PLINERAL BESTVICE LICENSEE	Quett	I	ERO			ON FUN	ERAL	
	23. PABY I. Enter the diseases, or complice shock, or hear fellure. Liet only IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	tions that caused the deat one could in each line.	a	or the mo	de of dying, such	h as cardiec or re	spiratory arrest		Approximate Interval Setween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	ACUTE DUE TO (OB, AS A CONSEOU MO	Rens	zl	to fo	ulure	alis		
ERTIFI	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEOU	ENCE OF):	0	1				
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contril	buting to death but not red	oulting in the u	ınderiyinç	g cause given in	PER	AN AUTOPSY FORMED?	COM OF E	RE AUTOPSY FINDINGS ILLABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TAL.			ACE OF DEATH (Ch	eck only one)			
HYSI	1 VES 2 NO 1) Imp	etlent 2 ER/Outpetient 3 E	DOA 4 Nu			6 Other (Specify)	W INJURY OCCUR	IFD.	
ВУ Р	1 Netural 5 Pending 2 Accident tryestigation	(Month, Day, Year)	INJURY M	1 🗆 1	YES 2 NO				
- 4	3 Suicide 6 Could not be determined	 PLACE OF INJURY — At hom building, atc. (Specify) 	e, farm, street, fac	ctory, offic		26t. LOCATION (Str. City or Town, St	eet and Number or ate)	Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To medical Examiner: On the	the best of my knowledge, deat basis of axamination and/or im						ause(s) end	menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER Show AH344	Hashmi	MX)	29c. LICENSE NUI	MBER 48	29d. DATE 8 ▶ 2 -	IGNED (MOR	oth, Day, Year)
	30. NAME AND ADDRESS OF BERSON WHO COMPLETED SHEET HAS WHAT	2600 0	27) (Typo, Brint) UBEK	279	HE16	1175 A	ve BA	2771	486,
	31. DATE FILED (Month, Day, Year) 32. FFR 2 0 1990 Juliu No.	REGISTRAR'S SIGNATURE							ONMH-16 Ray 1/89

BALTIMORE, MARYLAND 2120

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	L DIRECTOR: After this certificate has been signed by the attending physician and completely fille 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,
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FEB 20 1990

32. REGISTRAR'S SIGNATURE

Javidson-Rendall

FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, Last) JOHNN	Y C.		CLARK	2. DATE OF DEATH MONTH 2-15-90	AY YE	3. TIME OF DEATH 12:05AM M
4. SOCIAL SECURITY NUMBER 217 40 2180	1 X M 2 □ F 4	5 YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.		L944 So	HRTHPLACE (State or Foreign ountry) uth Carolinia
9a. FACILITY NAME (If not institution, give St. Agnes Hospi		9b.	Baltimore Ci		Balt	imore City
10a. STATE 10b. COUNT	Arundel	10c. CITY, TO	wh or location Pasa	dena		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 8229 B & A Blvd. 11. MARITAL STATUS 1 \(\text{\title}}}}}}} \end{entity}}}}}}}}}}}}}			101. ZIP CODE 211	22		of what country? ed States
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA Vietnam Co	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Maxic 1 YES NO Specify NO	can, Puarto Rican, atc.)	-	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 9 17. FATHER'S NAME (First, Middle, Last)		life. Do NOT use ret	done during most of working	16b. KIND OF BU	SINESS/INDUST	
u Joini	Gary	Clark	16. MOTHER'S N	IAME (First, Middle, Malden Mae		McCrackin
19a. INFORMANT'S NAME (Type/Print) Kimberly J. Clar	k		PRESS (Street and Number or Rural B & A Blvd., P			
20s. METHOD OF DISPOSITION 1 To Burial 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	movel from State	PLACE OF DISPOSITION Other place) edar Hill	N (Name of cemetery, crematory or Cemetery	200	CATION — CITY Baltimo	
St. SIGNATURE OF FUNERAL SERVICE L	Polena		22. NAME AND ADDRESS OF F McCully Fune: 3204 Mountai	ral Home of		
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	Arteriosc	ach line.	enter the mode of dying, au		iratory arrest,	Approximats Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A	CONSEQUENCE OF):				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
PART II. Other alignificant condition	ons contributing to death b	ut not reaulting in ti	he underlying cause given i		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 \(\subseteq \text{NO} \)
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXX SE 2 \(\text{ NO}\) 27. MANNER OF DEATH			28. PLACE OF DEATH (Check only one)		****
EXAMINER?	HOSPITAL: 1 Inpetient XXER/Outp		「HÉR: ☐ Nursing Home 5 ☐ Residence	a 6 Other (Specify)		
27. MANNER OF DEATH XX setural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DEŞCRIBE HOW	INJURY OCCUR	ED
3 Suicide 6 Could not be	26s. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stree	rt, factory, offica	261. LOCATION (Street City or Town, State	and Number or F	tural Route Number,
CONSCR ONLY			t tha time, data and place, and d			use(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFI	ER D		29c. LICENSE N	UMBER		GNED (Month, Day, Year) -15-90
30. NAME AND ADDRESS OF PERSON W		ATH (ITEM 27) (Type, Prin	Penn Street.Ba	ltimore.MD	21201	VC

DHMH-16 Rev 1/89

	1)						2. DATE	E OF DEATH	NY.	YEAR	3. TIME OF DEATH
Raleigh(Riley)				Co	OX,	Jr	2	15		90	9:30 A.
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER	R 1 YEAR	IF UNDER 24 HRS HOURS MIN.	7. DATE	OF BIRTH		a. BIRTH	PLACE (State or Foreign
219-40-8046	1 X M 2 🗆 F	45	YRS.	months	DATS	HOURS MIN.	1	-1-194	5		Md
9a. FACILITY NAME (If not institution, give				9b. CITY		OR LOCATION OF	DEATH		9c. COL	INTY OF D	EATH
St Agnes Hosp	ital				Balt	imore					
RESIDENCE OF DECEDENT 10e, STATE 10b, COUN	ITY		10c. CIT	ry, TOWN (OR LOCAT	ION					tod. INSIDE CITY
Md				ltimo							LIMITS?
10e. STREET AND NUMBER					101	, ZIP CODE			10g, CI1	IZEN OF V	WHAT COUNTRY?
414 Gwynn Avenu	ie .				2:	1229				SA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES	RMED (NO		If yes, sp	ENDENT OF HISP ecity Cuban, Max 2 NO Spe	can, Puarto		or No—	14. RACI Blac Spec	E — American Indian, k, White, atc. thy: Black
15. DECEDENT'S EL (Specify only highest gra	DUCATION and completed	16a. D	ECEOENT'S	USUAL O	CCUPATIO	ON st of working	16	b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	- 4	fe. Do NOT u	ise retired.)	during mo	St Of WORKING					
12th			Prin	ter							
17. FATHER'S NAME (First, Middle, Last) Raleigh Cox, S	Sr					16. MOTHER'S Evely		Middle, Malden	Sumame)		
19a. INFORMANT'S NAME (Type/Print)		T ₁	9b. MAILIN	G ADDRES	S (Street a	and Number or Rur			n State 7	in Code)	
Evelyn Cox						venue		timore			29
29a. METHOD OF DISPOSITION		20b. PLAC	E OF DISPO	SITION (N	ame of cer	netery, crematory of					own, State
1 Burlai 2 Cremation 3 Re	amoval from Stata					Park				, Mc	
21. SHIMATURE OF FUNERAL SERVICE	Ma	sch		1	March	ADDRESS OF	West				
23. PART I. Enter the disesses, o shock, or heart failur IMMEDIATE CAUSE (Finsi	e. List only one ca	use on each lie	10.	not enter	r the mo		uch as ca	rdiac or reap			Onset and De
shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Hyper DUE TO		Arte	rioso	r the mo	de of dying, s	uch as ca	rdiac or reap			Onset and De
shock, or heart feilur IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate	a. Hyper DUE TO DUE TO C.	tensive	Arte	rios Cioso OF):	r the mo	de of dying, s	uch as ca	rdiac or reap			Onset and De
shock, or heart feilur IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Hyper DUE TO DUE TO DUE TO d.	tensive O (OR AS A CONS O (OR AS A CONS	Arte	rioso Pi:	cler	otic Ca	rdiov	rdiac or reap	r Di	sease	Onset and De
shock, or heart failur IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART II. Other algnificant conditions COCAINE ABUSE	a. Hyper b. Due no c. Due no d	tensive O (OR AS A CONS O (OR AS A CONS	Arte	rioso Pi:	r the mo	otic Ca	rdiov	24a. WAS AN PERFOI	r Di	sease	Interval Between Onset and De
shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions COCAINE ABUSE	a. Hyper b. Due no c. Due no d	tensive O (OR AS A CONS O (OR AS A CONS	Arte	rioso Pi:	cler	otic Ca	rdiov	24a. WAS AN PERFOI	r Di	sease	Interval Betwo
shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions COCAINE ABUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 (X YES 2 NO	a. Hyper b. Due To c. Due To d. Hospital: 1 Inpatient 2	tensive O (OR AS A CONS	Arte	OTHE	r the mo	g csuse given	in Part i.	24a. WAS AN PERFOI 1 X YES :	r Di	sease	Interval Betwood on Set and De
shock, or heart failur IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST PART II. Other algnificant conditi COCAINE ABUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	a. Hyper b. Due ro c. Due ro d. Hospital: 1 Impatient 2 28a. DATE 0 (Month,	tensive O (OR AS A CONS	Arte	OTHE	clero	otic Ca	in Part i.	24a. WAS AN PERFO	r Di	sease	Interval Betwood on Set and De
shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditi COCAINE ABUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 [X] YES 2 [] NO 27. MANNER OF DEATH	a. Hyper b. Due To c. Due To d. Hospital: 1 Inpetiant: 28e. Place building	tensive of or as a cons	Arte	OFF: OTHE 4 Number of Juny M	r the mo	g cause given LACE OF DEATH 10 5 X Resident JURY AT JURY AT JURY 2 \(\) NO	in Part i.	24a. WAS AN PERFOI 1 X YES :	AUTOPSY RMED? ≥ □ NO	Sease 244	IntervsI Betwood on Set and December 2015 D. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 [X] YES 2 [] NO
shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditi COCAINE ABUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending investigation 3 Suicide 6 Could not a detarmined 29a. CERTIFIER (Check only)	a. Hyper a. Hyper b. Due To c. Due To d	D (OR AS A CONS O (OR AS A CON	Arte EOUENCE C E	OTHE 4 Number of Jury M	r the mo	g cause given LACE OF DEATH THE SX Resident SIRRY AT SIR	in Part i. Check only is a 6 Ott 26d. Di	24a. WAS AN PERFOI 1 X YES :	I AUTOPSY RMED?	Sease (241 CCURED or or Rural	Interval Betwo
shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditi COCAINE ABUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending investigation 3 Suicide 6 Could not a detarmined 29a. CERTIFIER (Check only)	a. Hyper a. Hyper b. Due to c. Due to d.	D (OR AS A CONS O (OR AS A CON	Arte EOUENCE C E	OTHE 4 Number of Jury M	r the mo	g cause given LACE OF DEATH THE SX Resident SIRRY AT SIR	in Part I. Check only is a 6 Ott 26d. Di 28f. LC Chi	24a. WAS AN PERFOI 1 X YES :	I AUTOPSYRMED?	CCURED cr or Rural lated. the cause(Interval Betw Onset and De D. WERE AUTOPSY FINDIN ANAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 [X] YES 2 NO

BALTIMORE, MARYLAND 21203-31 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rav 1/89

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-31

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 yours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
VOING PH	: After thi	r death w	is mark	
OR ATTEN	IRECTOR	ours after	em 28	
TAL	ME D	72 hc	-	
10SPI	UNER	rithin	ANT	
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pho		32	v	
HE HOSPITAL OR ATTEN	THE FUNERAL DIRECTOR:	ed within 72 hours after	DOTTORY IS IN NAME OF P.	UNIANI. II IISM 28 I

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM				IYGIENE BEG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)	R.	Corb	in		2. DATE OF I		SAR 3. TIME OF DEATH 3
	4. SOCIAL SECURITY NUMBER 231-20-3024	5. SEX 6. AGE (In y)		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E		BIRTHPLACE (State or Foreign Country)
OR	99. FACILITY NAME (If not Institution, give str Sinai Hosp.	reet and number)	96.	Balto.	R LOCATION OF DEA	ATH	9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE Md.			own or locati	ON			10d. INSIDE CITY LIMITS? 1 V YES 2 NO
ERAL (10e. STREET AND NUMBER 3721 Beehler Av	enue	Da		ZIP CODE 21215			OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 X NO	13. WAS DECE If yes, ape 1 YES	ENDENT OF HISPANI city Cuban, Maxican	, Puerto Ricer	n, etc.)	RACE — American Indian, Black, White, stc. Specify: Black
ETED	15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12)		Give kind of work iffe. Do NOT use rel	IAL OCCUPATIO done during mos ired.)	N t of working	16b. KIN	ID OF BUSINESS/INDUS	
COMPL			Warehous	eman		Fe	elmor Corp	
00	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	AE (First, Middi	le, Malden Surname)	
BE	Pleasant Corb	ın	L 401 3448 H40 4H4		Dolly		City or Town, State, Zip Co	
2	Rosella Corbin				Ave., B			
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetlon 3 Remo	oval from Stata 00	LACE OF DISPOSITION PROPERTY OF THE PROPERTY O	N (Name of cem	etery, crematory or	dILO.	Mid. 217 20c. LOCATION — City Arbutus,	or Town, State
	21. SIGNATURE OF UNETAL SERVICE LIC		/	22. NAME AN	ADDRESS OF FAC F/H Wes Wabash	st.	Arbutus,	I'lu •
CERTIFICATION	23. PART I. Enter the diseasea, or cashock, or heert feilure. It IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):					R, Approximate interval Between Onset and Death
MEDICAL	PART II. Other significent conditions	s contributing to deeth but	not reaulting in ti	he underlying	cause given in I		PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)		
YSI	1 YES 2 NO	1 Inpatiant 2 ER/Outpation	ont 3 DOA 4		5 🗆 Residence	6 Other (S)	pecify)	
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WOI	JRY AT RK? ES 2 NO	28d. DESCRI	BE HOW INJURY OCCU	RED
ETED	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — building, atc. (Specify)	A1 home, farm, stree	ol, factory, office		281, LOCATIO	ON (Street and Number or own, State)	Rurel Route Number,
COMPLE	onal	CIAN: To the best of my knowledge. R: On the basis of axamination as						
U U	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	IBER	29d. DATE S	HGNED (Month, Day, Year)
TO BI	VINCENT K. H. 70 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATI	H (ITEM 27) (Type, Prin	nt)	0350	203	▶ FJ	513 1990
	296, SIGNATURE AND TITLE OF CERTIFIER VINCENT K. H. 70 30. NAME AND ADDRESS OF PERSON WHO VINCENT K. H. 70 31. DATE FILED (Month, Day, Year)	m, m.D.	Emergence	y Dipt	Sihai	Haspi	tal, But	times, mb
	(1000)	TANDER O MANTONIA						

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be maintened by the hospital of attending prevent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 amount by description or temoral. Organization or removal. To have the filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, Cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	Г
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	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPA CERT			DEATH A			HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)		111					2. DATE OF		NY .	YEAR	3. TIME OF DEA	ТН
	BIRDIE	MAE			FTON			2	1	7 9	90	10:00	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	L. AGE (In yrs. last birthdi	MONTH	DER 1 YEAR DAYS	HOURS I	HRS.	7. DATE OF (Month, E		10 0	Country)	CACE (State or F	oreign
	214-50-9055 90. FACILITY NAME (If not institution, give st	_ ^	7/		TY, TOWN	OR LOCATION	OF DEA	5 "/	7-7	9c. COUNT	Y OF DE	ATH L	IVIT
E	140S. Willard			F	Balti	nore				N	IA		
5	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY		100		N OR LOCA							tod. INSIDE CIT	v
DIRECTOR	MARYLAND N/	A	100	BA	ALT.	MO	RE					LIMITS?	
	10s. STREET AND NUMBER		7	-	10	. ZIP CODE		-		tog. CITIZE	N OF WI	AT COUNTRY?	
FUNERAL	140 S. WILLA	RD STI	REEI			212	22	3		U	51	9	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced		YES 2 NO	1	If yes, sp	cendent of ecity Cuben, 2 NO		, Puerto Ric		or No—	4. RACE Bleck, Specify	- American Ind White, etc.	4 -
8	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDEN	T'S USUAL	OCCUPATION OF THE PROPERTY OF	ON ast of working		16b. K	IND OF BUS	SINESS/INOU	STRY	<u> </u>	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me Do NO	IT use retired	1.)								
MP	17. FATHER'S NAME (First, Middle, Last)		0	. ,,	LU1	_	D'S NAM	ME (First, Mio	Idla Maidan	Surnama			
	TRANSBERR	Y	CLIFTO	N		MI	LD	REL	S margari	-	DD		
TO BE	19a. INFORMANT'S NAME (Type/Print)	31001	19b. MAIL	ING ADDRI	ESS (Street	and Number or	Rural R	loute Number	City or Tow	n, State, Zip C		22-1	
F		CLARK	140))	· W.	IAI	RO	57k	CEE	(223)	
	20e METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remote Properties of the Propertie	oval from State	206. PLACE OF DIS	ZII	(Name of ce	CFM	FT	RV	-	ALTO		M D	
	21. SIGNATURE OF PURILLE SERVICE LIC	ENSEE	17.100141	-/(22. NAME A	NO ADDRESS	OF FAC	CILITY		77470		7 43 3	
	1 Xumn	to K.	Juni -		RROW	IN. TH	OMF	SON	F.H.	P.0	Box	4433	
NC	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	Нуре:	CTENSIVE C	E OF):	ovasc	ular d	dise	ease				Intervel I	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	e	OR AS A CONSEQUENC		_								
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to	death but not resulti	ing in the	underlyir	ng cause gl	ven in i		PERFOI	RMED?		WERE AUTOPSY AVAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	A TO
N.	25. WAS CASE REFERRED TO MEDICAL												
SICI/	EXAMINER? 1 P YES 2 NO	HOSPITAL:	ER/Outpatient 3 DO		IER;	LACE OF DEA					-		
HXS	27. MANNER OF DEATH	28a. DATE OF	INJURY 28b.	TIME OF	28c. IN	JURY AT	Idence			INJURY OCCI	URED		
ВУ Р	1 Natural 5 Personal 2 Accident	(Month, De	ly, 1647)	INJURY M		YES 2	NO						
ED	3 Suicide 6 Count not be	28a. PLACE Of building,	FINJURY — At home, fa etc. (Specify)	rm, street,	factory, offi	ce			TON (Street Town, State	end Number o	or Rural R	oute Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMINE											end menner ee	atated.
BE C	TOO SECRETURE AND TITLE OF CERTIFIE	N. 00.	0			29c. LICEN	NSE NUN	MBER		29d. DATE	SIGNED	(Month, Day, Yea	er)
TO B	mars -	Tour.	A Not-				OCM	E		2	-17-	-90	
	30. NAME AND ADDRESS OF PERSON WITH MARIO F. Golle 31. DATE FILED (Month, Day, Year)	, Jr., M.			enn S	Street		В	altin	more,	MD 2	21201	
	FFR 20 1990 July	a Varidson	Bandello										

TRANSBERRY CLIFTON FORD BUILDRED TODO

TRANSBERRY CLIFTON MILDRED TODD
HERMAN CLARK 140 5 WILLARD STREET (21223)
MOUNT ZION CEMETERY BALTO, MD.

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LIAS DEELI SIGNED US 1	Dept. of Health and	23 shows any in
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certificate rids been signed by t	the State Dept. of Health and	or Item 23 shows any in
THIS COLUMN THE HAS DOOR SIGNED BY I	with the State Dept. of Health and	rked, or Item 23 shows any in
Arter Dis certificate das peer signed by t	death with the State Dept. of Health and	s marked, or Item 23 shows any in
TOM: After this certificate has been signed by the	after death with the State Dept. of Health and	28 is marked, or Item 23 shows any in
AL DIRECTOR: Affet this certificate has been signed by the attending president and compressly med in by the taneral unlecture, page 5 sing	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifier

1 - STATE REGISTRAR	STATE OF MARYL		ENT OF H		MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)	LUTHER ES	PMAN	N		2. DATE OF DEATH MONTH	6 90	3. TIME OF DEATH	
4.01	5. SEX 6. AGE (7 7 YRS. MON	THS DAYS	IF UNDER 24 HRS. HOURIS MIN.	7. DATE OF BIRTH (Month, Day, Year) 20 Feb 10	912	Kentucky	
HARBOR HOSP RESIDENCE OF DECEDENT	TAL CE	NIER "	BALT	MOR	E, MD	9c. COUNTY O		
10e. STATE 10b. COUNTY Maryland N/A			wn on Locat		Brooklyn)		10d, INSIDE CITY LIMITS? 1XX YES 2 \(\text{NO}\) NO	
10e. STREET AND NUMBER 17 West Je	ffrey Stree	t.	101.	ZIP CODE 21225		10g. CITIZEN	OF WHAT COUNTRY?	
1	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR D.	U.S. ARMED 2 NO	If yea, spe	ENDENT OF HISPAN	IC ORIGIN? (Specify Yen, Puerlo Rican, etc.)	s or No— 14. F	RACE — American Indian, Black, White, atc. Specify: White	
15. DECEDENT'S EDUC. (Specify only highest grade c	ATION ompleted)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rei	done during mo-	N at of working	16b. KIND OF BU	ISINESS/INDUSTF		
Elamentary/Secondery (0-12) 9th 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	Tandem M	ill Wo		Bethleh		el Plant	
Leamon		Chapman		Cora	(, , , , , , , , , , , , , , , , , , ,	Chapman		
19a. INFORMANT'S NAME (Type/Print)					Houte Number, City or Tox		•	
Mrs. Mary L. Chap 20a. METHOD OF DISPOSITION 1 Burlel 2XXCremetion 3 Remove	208	PLACE OF DISPOSITION OF PLACE OF DISPOSITION OF DIS	N (Name of cen	netery cremetory or		OCATION — City	or Town, Stata	
4 Openetion 5 Other (Specify) 21. SIGNATURE OF FUNEBAL SERVICE LICE	NSEE Kevin E.		MCCUT	y Funera		Brook1	e, Marylan yn Md. 21225	
shock, pr heart fellure. L IMMEDIATE CAUSE (Finel disease pr condition resulting in daeth) Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inliteted events resulting in death) LAST	SEPS PNEU PNEU METAS		LU.	NG CA	ANCER	2	Interval Betwe	
PART II. Other significant conditions	contributing to deeth t	out nDt resulting in t	ha underlyin	g cause given in		RMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQ8BITAL:	0	26. PI	ACE OF DEATH (Ch	eck only one)			
1 YES 2 NO 27. MANNER OF DEATH	1 Inputlent 2 ER/Out	28b. TIME O	F 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	ED	
1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	1 Netural 5 Pending (Month, Day, Year) INJURY 2 Accident Investigation					28d. DESCRIBE HOW INJURY OCCURED NO 28f. LOCATION (Street and Number or Rural Ro.		
4 Homicide determined	building, etc. (Spe				City or Town, State			
and and	AN: To the best of my known: On the basis of axamination						use(a) and manner as stated	
29b. SIGNATURE AND JUTLE OF CERTIFIER	P.RDESAL	MA) Hou	SESTAFT	29c. LICENSE NUI	MBER	29d. DATE SIG	SNED (Month, Day, Your)	
30. NAME AND ADDRESS OF PERSON WHO HARPEN LITTLE ST. ST. DATE FILED (MADE) Day Year 1990	COMPLETED CAUSE OF DI	ITER. 30	015.	HANOVE	56 ST., B	ALTM	10RE, MD2123	

5-08-90; D.R. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE	OF	DEATH		REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last) JAMES CLA	XTON					2. DATE OF	IARY D	ΑY	YEAR	3. TIME OF DEATH
								12		2:00 a.m. 1
220-80-9066	1 M 2 D F	AGE (In yrs. lest birthday) 28 YAS.		DAYS	HOURS MIN.	7. DATE OF	5-0-1		8. BIRT Coun	HPLACE (State or Foreign fry)
9a. FACILITY NAME (If not institution, give street THE JOHNS HOPKINS					E CITY	EATH			T IMOI	
RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY		10c, Ci1	TY, TOWN OF	R LOCATI	ION					10d. INSIDE CITY
MD		BAL	TIMOR	F						LIMITS?
10e. STREET AND NUMBER		Į DITE.	1111010		ZIP CODE			10g. C	ITIZEN OF	WHAT COUNTRY?
606 E. BIDDLE STA	REET				21202				USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 YOUR STATE OF THE PROPERTY OF				ENDENT OF HISPA octive Cuban, Mexico 2 X NO Special	an, Puarto Ric		a or No		E — American Indian, ck, White, etc. city: BLACK
15. DECEDENT'S EDUCA	TION	16a. DECEDENT	S USUAL OC	CUPATIO	N	16b. I	(INO OF BU	ISINESS/I	NOUSTRY	DENOR
(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)		work done duse retired.) BORER	unng mos	st or working		NA	\		
17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S NA	AME (First, Mi	ddle, Maider	Surname)	MIE
WILLIAM FLEMI	NGS				MADELI	NE S	NEED		5 1	
19g-INFORMANT'S NAME (Type/Print)					nd Number or Rural				Zip Code)	
MADELINE CLAXTO	NC				STREET					202
20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Ramov 4 Donetion 5 Other (Specify)	ral from Stata	20b. PLACE OF DISPO other place) WESTERN					1000		City or 1	
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE Was	nero			C. MARCH		1101	E. 1	NORTH	AVENUE
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, it eny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	OUE TO COP	R AS A CONSEQUENCE OF	WW N (ode	Cicier	cy	syn	dra) m @	Onset and Dea 4 days
PART II. Other eignificant conditione	contributing to de	ath but not resulting	In the und	deriying	g ceuse given in		24a. WAS A PERFO	RMED?	SY 24	Ib. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	P/Outpetlant 2 T DOA	OTHER	1:	ACE OF DEATH (C					
27. MANNER OF DEATH 1 Natural 5 Pending	Natural 5 Pending (Month, Day, Year)				e 5 Reeldence URY AT RK? /ES 2 NO	1	er (Specify) ESCRIBE HOW INJURY OCCURED			
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	, straet, facto					ION (Street and Number or Rural Route Number, Town, State)				
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CONTROL ON 1 PHYSICI CHARLES ON 1 PHYSIC										(e) and menner se atstad.
296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU	JMBER		29d. 0		12 - 90
30, NAME AND ADDRESS OF PERSON WHO JEFFRY D. FORM			oe, Print)		Jehns	Hopki	u the	٠)ء		+ WDSISO

BALTIMORE, MARYLAND 21203 after death. Page 6 may be retained by the hospital or att ed in by the funeral director, page 5 should be detached or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 and after the foundation. The true factor of the conficuate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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DECEDENT'S NAME (First, Middle, Last)	Co 7 se	He/C	loz	ett	a. Ca	mer	2. DATE MONT	OF DEATH	q"	EAR	3. TIME OF DEATH
SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR IF UN DAYS HOUR	DER 24 HRS.	7. DATE (Monti	OF BIRTH h, Day, Year)	8.	Country	LACE (State or Foreign
216-28-3625 De. FACILITY NAME (If not institution, give st UNIVERSITY H	treet and number)			- 1	TOWN OR LOC		HTA	9_24	9c. COUNTY	OF DE	ATH
RESIDENCE OF DECEDENT	,		40. 017		R LOCATION						AND MINING CITY
MD					MORE (CITY					10d. INSIDE CITY LIMITS? YES 2 NO
00. STREET AND NUMBER 704 WEST LAFA	YETTE A	VENUE			2 1 2					SA	HAT COUNTRY?
1. MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced		T EVER IN U.S. ARI		H	MAS DECENDEN 1 yes, specify C	uban, Mexice	n, Puerto	N? (Specify Yee o	or No.— 14.	RACE Black, Specify	- American Indian, White, etc.
15. DECEDENT'S EOU (Specify only highest grade	completed)	(Gi	ve kind of	Work done d	CCUPATION during most of we	orking	166	. KIND OF BUSI	NESS/INDUS	TRY	DBAOK
Elementery/Secondary (0-12)	College (1-4 or 5		EXT	ILE	CORP			NA			
7. FATHER'S NAME (First, Middle, Last) C.F. OR C.F.	COOF	PER			18. M		ME (First,	Middle, Maiden S		GEI	PETH
9e. INFORMANT'S NAME (Type/Print)			. MAILING	ADDRESS	(Street end Nun	nber or Rural	Route Num	ber, City or Town,	State, Zip Co	de)	
NETTIE	BATTLE	9	21 1	N. C.	ARROL	LTON	AVE	NUE/BA	ALTO	Mi	D 21217
Res. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3	oval trons State	other pla	ice)		me of cometery,	,	ERY		ATION — City		
23. PART I. Enter the diseases, of shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	complications the	ise on each line		WM not enter	the mode of	RCH I	$F \bullet H \bullet$	disc or respin			Onset and De
23. PART I. Enter the diseases, of shock, or heart failure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate	complications the List only one can a. OUE TO	it caused tha de use on each line COR AS A CONSECUTION AS A CONSE	DUENCE O	not enter	. C . MA	RCH I	$F \bullet H \bullet$	disc or respin			Approximate interval Betwo
23. PART I. Enter tha diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentisity list conditions,	a. DUE TO	CLAC M	DUENCE O	not enter Pulca OF):	. C . MA	RCH I	$F \bullet H \bullet$	disc or respin			Approximate interval Between Onset and De
23. PÄRT I. Enter tha diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a. DUE TO C. DUE TO d.	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECT	DUENCE O	WM not enter	. C . MAI	RCH I	F. H.	disc or respin	AUTOPSY MEO?	24b.	Approximate interval Betwo Onset and De J Hour
23. PART I. Enter the diseases; of shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions.	a. DUE TO C. DUE TO d.	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECT	DUENCE O	WM not enter	. C . MAI	RCH I	Part I.	24e, WAS AN A PERFORM	AUTOPSY MEO?	24b.	Approximate interval Between Onset and De I Hour I
23. PART I. Enter tha diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition	a. DUE TO b. DUE TO d. HOSPITAL:	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECT	DUENCE O	WM not enter OF): OF): OTHER	the mode of	RCH I	Part I.	24e. WAS AN A PERFORM 1 YES 2	AUTOPSY MEO?	24b.	Approximate interval Betwee Onset and De I Hour I H
23. PART I. Enter tha diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO. 27. MANNER OF DEATH 1 Netural 5 Pending	a. OUE TO b. OUE TO c. OUE TO d. HOSPITAL: 1 1 topatient 28e. DATE Of	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION	DUENCE ODUENCE	WM not enter PLOAD PF): DF): In the un OTHEF 4 Num	the mode of the mo	dying, suc	Part I.	24e. WAS AN A PERFORM 1 YES 2	AUTOPSY MEO?	24b.	Approximate interval Betwo Onset and De I Hour I Ho
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BALTIMORE, MARYLAND 21203-31 urs after death. Page 6 may be retained by the hospital or attending

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely fille be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ITEMS:23pt1	&	part2,	27	per	ME	G-660
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Never Married 2 Merried	FORCES? 1	YES 2	NO		It yes, specify	Cuben, Mexic	an, Puerlo	Ricen, etc.)	Tee or No-	Bleck	, White, etc.
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7. FATHER'S NAME (First, Middle, Last)					18.	MOTHER'S N	AME (First,	Middle, Meid	en Surname)		
Mannie Co	leman					Mar	le Gr	ay			
9a. INFORMANT'S NAME (Type/Print)					S (Street and No						
Irs. Marie Colem	an				vest L						
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LI S	of Health and Mental Hygiene p	shor

	STATE	OF MAI		TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.
Middle, Last)		IDA	ELIZABETH	CENTINEO	2. OATE OF DEATH MONTH FEB. 18, 1

1 - STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL HYGIEN REG. NO	E			
1. DECEOENT'S NAME (First, Middle, Last		ELIZABETH	CENTINE	0	2. OATE OF DEATH MONTH FEB. 18,	1990 YE	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 212-03-6129	1	(In yrs. last birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yor JULY 20, 1	, ,	NRTHPLACE (State or Foreign country) MARYLAND		
98. FACILITY NAME (If not institution, give UNIVERSITY HOSP				OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH		
RESIDENCE OF DECEDENT 108. STATE 10b. COUN MARYLAND HOTELET	WARD	2,711	10c. CITY, TOWN OR LOCATION ELLICOTT CITY				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
10s. STREET AND NUMBER 12601 FOLLEY QU		1 20.		21043			OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IN U.S. ARMED S 2 XNO DATES	J.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea 16. Yea, specify Cuben, Maxican, Puarto Rican, stc.)			or No— 14. RACE — American Indian, Black, Whita, atc. Specify: WHITE				
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 1.2					C. & . P.	SINESS/INDUST	RY		
17. FATHER'S NAME (First, Middle, Lest) SALVATORE FUSCO				18. MOTHER'S NA ROSA DE	ME (First, Middle, Maiden NOVA	Sumame)			
190. INFORMANT'S NAME (Type/Print) ANN ALLEN						OTT CI	ry, MD.21043		
28a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	imoval from Stata	other place) CRESTLAW	N CEMETE	ERY	MAR	RIOTTS	or Town, State VILLE, MARYL		
21. SIGNATURE OF FUNERAL SERVICE	an it	Le	LEROY		SSELL C. W		FUNERAL HOME A, MD.21045		
23. PART I. Enter the disease, of abook, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Ex 5 0)	GUINATI	· · · · · · · · · · · · · · · · · · ·	oda of dying, euc	h es cerdiac or reep	iratory arreat,	Interval Batwe Oneat and Dea		
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PART II. Other significant condition of 1			In the underlyle	ng cause given in	Part I. 24a, WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO NOTHER: 1 X Ingestent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
27. MANNER OF DEATH 1 Natural 5 Pending	28s. OATE OF INJUR (Month, Day, Year	Y 285. TIA	AE OF 28c. IN	JURY AT /ORK? YES 2 NO	28d. DE\$CRIBE HOW	INJURY OCCUR	ED		
2 Accident 3 Suicida 6 Could not 8 4 Homicide detarmined	RY At home, farm, pecify)			28f. LOCATION (Street City or Town, State	ATION (Street and Number or Rural Route Number, or Town, State)				
TOTALIN DENIS	YSICIAN: To the best of my kn						suse(a) and manner as stated.		
	mmo sto	ff Phys		29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month), Day, Year)		
Bruce Simen	MO. Thora	(16 Surge	e, Print)	2 5. 6rc	ene St.	Balti	more Md 212		
FEB 2 0 1990	July Davidson-	SHERE							

FEB 20

	REGISTRAR DECEDENT'S NAME (First, Middle, Last)		C	ERTIFIC	CATE OF	DEATH	REG.	Н	3. TIME OF DEATH		
		rginia	Conno:	lly				18, 19			
	4. SOCIAL SECURITY NUMBER 216-56-8932				IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURA MIN.	7. DATE OF BIRTH (Month, Dey, Year) April 4, 1906 Mass.				
101	98. FACILITY NAME (If not institution, give s Villa Assumpts RESIDENCE OF DECEDENT			or Location of De			ltimore Co.				
	Maryland Bal	10c. CITY,		harles	St.,Ba		10d. INSIDE CITY LIMITS? 1 YES 2 100				
	6401 N. Charle	s St.			21212			SA			
	11. MARITAL STATUS 1. Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2		ED 13. WAS DECENDENT OF HISPANI				14. RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S EDU (Specify only highest grade			Give kind of wo	SUAL OCCUPATION OF THE PROPERTY OF THE PROPERT	ON ost of working	16b. KIND O	F BUSINESS/INDI	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +	.)	acher		ncipal	Edu	cation			
	17. FATHER'S NAME (First, Middle, Last) Thomas Joseph	Connoll				16. MOTHER'S NA	ME (First, Middle, Mi	alden Surname)			
	19a. INFORMANT'S NAME (Typo/Print) S. Bernice Feil	inger		196. MAILING A	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 401 N. Charles St., Baltimore 21212						
	20c. LOCATION — City or Town, State Comparison of Comp										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home 6500 York Rd. Baltimore, Mz										
	23. PART I. Effer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, abook, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final										
	disease or condition reaulting in death)	disease or condition									
	Sequentially list conditions, fit eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
100	CAUSE (Disease or Injury that initiated events resulting In death) LAST										
5		d									
The state of the s	PART II. Other significent condition	ng cause given in	PE	AS AN AUTOPSY ERFORMED? ES 2	24b. WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
SICIAIN.	25. WAS CASE REFERRED TO MEDICAL				26. 1	PLACE OF DEATH (C)	neck only one)				
2	EXAMINER? 1 YES 2000 HOSPITAL: OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
	27. MANNER OF DEATH 1 Tetural 5 Pending 2 Accident Investigation	JURY AT ORK? YES 2 NO	26d. DESCRIBE	IOW INJURY OCC	CURED						
2	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building.	of INJURY At atc. (Specify)	home, farm, st	reet, factory, off	ce	26f. LOCATION (S City or Town,		or Rural Route Number,		
1	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS								ed. e cause(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CHIMPI					29c, LICENSE NU		29d. DATE			

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
RUSSELL EVERETT DAVIS	2. DATE OF DEATH DAY FEB 12 1990	Y
5 SEX 6 AGE (In ura last hirthday) IE IMPED + VEAD IS IMPED 24 MDS	7 DATE OF BIRTH	1

	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)	RUSSELL EVERE	TT DAVIS	۸		2. DATE OF DEATN	AY YEA	3. TIME OF DEATH 9:45 A	
TOR	4. SOCIAL SECURITY NUMBER 337-28-4496 90. FACILITY NAME (if not institution, give	5. SEX 6. AGE (I	in yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) FEB 16 1	932	IRTNPLACE (State or Foreign ountry) ILLINOIS	
	NATIONAL NAVAL M				THESDA	EATH	9c. COUNTY OF DEATH MONTGOMERY		
DIRECTOR	VIRGINIA FA	AIRFAX	10c. CITY	10c. CITY, TOWN OR LOCATION ALEXANDRIA			tod, INSIDE CITY LIMITS? 1 YES 2X NO		
FUNERAL	100. STREET AND NUMBER 3300 BATTE	RSEA LANE		101	2230°	9		DE STATES	
ВУ	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN FORCES? 1 XYES IF YES, GIVE WAR OR DA	2 NO	It yes, sp		NIC ORIGIN? (Specify Yeen, Puerto Rican, etc.) fy:	e or No 14. I	RACE — American Indian, Black, White, atc. Specify: WHITE	
LETED	15. DECEDENT'S EDUCATION 16a. DE (Specify only highest grade completed) (G			CEDENT'S USUAL OCCUPATION Vive kind of work done during most of working Do NOT use retired.)					
E COMPL	17. FATHER'S NAME (First, Middle, Last) HAROLD RAYMO		U. S	NAVY		DEF AME (First, Middle, Maider ELLEN STA			
TO B	JOYCE E. DAVIS				ALEXANDRI		*		
	20a_METNOD OF DISPOSITION 1	moval from State	place of Dispos other place) rlington	Nationa	1 Cemete	ery Ar	cation — city of		
	21. SIGNATURE OF FUNERAL SERVICE L	· Breug		1500	Everly Wheatley Funeral Home 500 W. Braddock Rd.Alexandria, VA				
MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or ehock, or heart failure immediate cause (Finel disease or condition resulting in death) Sequentielty list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	a. MET DUE TO (OR AS A DUE TO (OR AS A	ech line.	CARCINON		E ESOPHAGU		Approximate interval Between Onset and Daath	
	PART II. Other significant condition	ona contributing to death b	ut not resulting i	n the underlyin	g cause given in	Pert I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1X YES 2 \(\subseteq NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?								
BY PHYS	1 YES 2 NO 27. MANNER OF DEATN X Natural 5 Pending 2 Accident Investigation	DEATN 28a. DATE OF INJURY (Month, Day, Year)			OTHER: 4 Nursing Nome 5 Rasidence 6 Other (Specify)		INJURY OCCURE	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	me, farm, street, factory, office 261. LOCATION City or Tow		261. LOCATION (Street City or Town, Stell	(Street end Number or Rural Route Number, rn, Stete)		
COMPLET	onel	SICIAN: To the best of my knowl IER: On the basis of examination						use(e) and manner en stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFI	y MD			29c. LICENSE NU D-3425			EB 13,1990	
	30. NAME AND ADDRESS OF PERSON W R. L. MORRISSEY 31. DATE FILED (Month, Day, Year)		SN	BETF	esda, nai	SALOWEDICA ZOSI4-50	CENTE	R	
	FFB 2 0 1990 4	lie Pavidson-Nona	-						

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-314

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG	. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		20			2. DATE OF DEA	TH DAY	14 A III	3. TIME OF DEATH
DAVID	MOODROM	DEROSSETT	7		MONTH () 2	14	90	0300 PM
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	H	8. BIRTI	IPLACE (Stata or Foreign
212-60-9044	1 🕅 M 2 🗆 F	37 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Ye 4-21-		Count	arvland
9a. FACILITY NAME (If not institution, give a	treet and number)	96	CITY, TOWN OF	LOCATION OF DE	A	E. C.	JNTY OF E	
NODTH ADDINING H				PURNIE		P	.A.	COUNTY
10a. STATE 10b. COUNTY	timore Cour		own or Location					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10a. STREET AND NUMBER	<u> </u>			ZIP CODE		10g, CI	TIZEN OF V	WHAT COUNTRY?
239 Shagbari	k Court		744	21220			U.S	.A.
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2X NO	If yes, spe-		NIC ORIGIN? (Speci in, Puerto Rican, et y:		14. RACI Blac Spec	E — American Indian, k, White, etc. ifly: White
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	IAL OCCUPATION	ů.	165 KIND O	F BUSINESS/IN	DUSTRY	WILLIE
(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work	done during mos	of working	ISB. KINO O	P BUSINESS/IN	DOSTRY	
8th Grade		Book B	inder		OI	otic Bi	ndin	g
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, M	laiden Sumame)		THE STATE OF
Norman R. D	erossett Sr			Ella	M. Chri	stian		
19a. INFORMANT'S NAME (Type/Print)			DRESS (Street on		Route Number, City		(ip Corte)	
	seett Tm						,	24220
Norman R. Dero	SSELL JI.				Baltimor			
0a. METHOD OF DISPOSITION X Burial 2 Cremation 3 Rem	oval from State	20b. PLACE OF DISPOSITI- other place)				e. LOCATION -		
□ Donation 5 □ Other (Specify)		Cedar Hil				Baltim	ore,	Maryland
1. SIGNATURE OF FUNERAL SERVICE LIC		1		ADDRESS OF FA		2 77	T	
1 Car Van el	. C. Car	4)			nce Fune			
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	ь	AS A CONSEQUENCE OF):	its	liver	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	cOUE TO (OR a	AS A CONSEQUENCE OF):						
PART II. Other algnificent condition	as contributing to dear	th but not resulting in i	the undertuing	cause alven in	Dart I 24a W	AS AN AUTOPS	. 24	b. WERE AUTOPSY FINDIN
typerter	nsa /	Pulma	~~~ s	20/0/	PI	ERFORMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			00.00	OF OF PEARLS				
EXAMINER?	HOSPITAL:	10	THER:	ACE OF DEATH (C	neck only one)			
1 TES 2 TO	1 Inpetient 2 ER/		☐ Nursing Home		6 Other (Specif	y)		
7. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJU		Y WOI	RK?	26d. DESCRIBE	HOW INJURY O	CCURED	
2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF IN.	JURY At home, farm, stre		ES 2 NO	28f. LOCATION (er or Rural	Route Number,
4 Homicida determined	building, etc.	(cyrooliy)			City or Town,	, craiting		
one)		knowledge, death occurred mation and/or investigation,						(e) and menner as stated
296. SIGNATURE AND TITLE OF CERTIFIE	R	delu		29c LICENSE NU	3624	29d. D/	TE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WITH PASANT K. KHAN 31. DATE FILED (Month, Day, Year)	OFIWAL M I	7422 BAL		ANNAPOL	IS BLVD.	GLEN	BUR	NIE, MARYL

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)		02:111	ICATE OF	D1_71111	REG. NO.		
					2. DATE OF DEATH DATE 16	YEAR	3. TIME OF DEATH
E. Clifton	Danc			1			8:02 a
4. SOCIAL SECURITY NUMBER 212-22-6950	1 XM 2 - F 8	E (In yrs. lest birthday) 4,82 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/23/07	Ma ₁	ryland
90. FACILITY NAME (If not institution, give stream Broadmead RESIDENCE OF DECEDENT	eef and number)			ysville	EATH	9c. COUNTY OF Balt:	imore
10e. STATE 10b. COUNTY	ltimore		ry, town or locat				10d. INSIDE CITY LIMITS? 1 YES 2 NO
104. STREET AND NUMBER 13801 York Road				21030			WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 W O	It yes, sp		NIC ORIGIN? (Specify Yes in, Pusto Rican, stc.) y:	Bie	CE — American Indian, ick, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of the life. Do NOT us		ost of working		BINESS/INDUSTRY	
		Custo	oms Offic			6. Gove	rnment
17. FATHER'S NAME (First, Middle, Last) Clifton Dance					ME (First, Middle, Maiden	,	
19a. INFORMANT'S NAME (Type/Print)		106 14411 1144	G ADDRESS (Committee)		nie Estelle Route Number, City or Town		
William M. Levy		Suite	1212. 1	0 E. Bal	timore St.	, Balto.	, Md. 2120
20s. METHOD OF DISPOSITION 1 Buriel 2 X Cremetion 3 Remo 4 Donation 5 Other (Specify)	eval from State	Metro Cr	SITION (Name of cer		20c. LO	CATION — City or	
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List Drily Drie ceuse on Due TO (OR AS	sect No.	not enter the mo	ode of dying, auc	nia Road,	Fimonium	n, Md.2109 Approximete Interval Betwee Onset and De
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	N	S A CONSEQUENCE O					
d	l						
PART II. Other algnificent conditions CHAQUIL OBSIA					Part I. 24a, WAS AN PERFOR	MED?	AVAILABLE PRIOR TO
PART II. Other algnificent conditions			0156450	2	PERFOR	MED?	COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificent conditions CHAQUIC OBSIA	HOSPITAL:	amay !	28. PI	LACE OF DEATH (C)	PERFOF 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	VETILC AT	OLL AS	26. PI OTHER: 4 Nursing Horr ME OF 28c. INJ	LACE OF DEATH (C)	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/O 28a. DATE OF INJUR (Month, Day, Year	rutpatient 3 DOA	26. PI 26. PI OTHER: 4 Nursing Horr MULTY M 1	LACE OF DEATH (Cr	PERFOF 1 YES 2	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificent conditions CITYON I COSTA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpatient 2 ER/O 28a. DATE OF INJUE (Month, Day, Yea.) 28a. PLACE OF INJUID building, etc. (S	utpatient 3 DOA Y 28b. TiN IN. IRY — At home, farm, pecify)	26. PI 26. PI OTHER: 4 Nursing Horn ME OF 28c. INX MUTHY M 1 street, factory, office	LACE OF DEATH (C/	PERFOR 1 VES 2 1 VES 2 1 VES 2 1 VES 2 2 VE	NJURY OCCURED	AAALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificent conditions CIANALL OSSA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	HOSPITAL: 1 Inpettent 2 ER/O 28a. DATE OF INJUR (Month. Day. Yea. 28a. PLACE OF INJUR building, etc. (S)	utpatient 3 DOA Y 28b. TiN IN. IRY — At home, farm, pecify)	26. PI 26. PI OTHER: 4 Nursing Horn ME OF 28c. INX MUTHY M 1 street, factory, office	LACE OF DEATH (C/	PERFOR 1 YES 2 1 YES 2 1 YES 2 2 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, Street) a to the cause(s) and main at time, date and place, and	NJURY OCCURED and Number or Rura nner as stated.	AAALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificent conditions CHADLE COSTA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: 1 Inpettent 2 ER/O 28a. DATE OF INJUR (Month. Day. Yea. 28a. PLACE OF INJUR building, etc. (S)	utpatient 3 DOA Y 28b. TiN IN. IRY — At home, farm, pecify)	26. PI 26. PI OTHER: 4 Nursing Horn ME OF 28c. INX MUTHY M 1 street, factory, office	LACE OF DEATH (C) ne 5 Residence JURY AT PKS 2 NO ce	PERFOR 1 YES 2 1 YES 2 1 YES 2 2 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, Street) a to the cause(s) and main at time, date and place, and	NJURY OCCURED and Number or Rura nner as stated.	AAALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO NO N

DHMH-16 Rav 1/89

1	FOR STATE REGISTRAR	STATE OF I	MARYLAND / Ce				DEAT		MENTA	REG. NO.	E		
) 1	. OECEOENT'S NAME (First, Middle, Las	Pasqual	ina		D.	[PIE	TDO		MONT	OF DEATH		YEAR	TIME OF DEATH
1	I. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. fas	hirthday)	IF UNDER		IF UNDER	24 UDS		ruary .		90	ACE (State or Foreign
	214-44-2883	1 M 2 F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	ril 23	1910	Country)	Italy
-	Da. FACILITY NAME (If not institution, give	43	13		9b. CITY	. TOWN C	OR LOCATIO	ON OF DE		111 23	9c. COUNT		
r l	Franklin Squa	re Hospit	-1			Rossville							
5	RESIDENCE OF DECEDENT	Le nospic	<u> </u>			1/03241116				Baltimore C			County
DIRECTOR 1	Md. 10b. COUR	Baltimore		10c. CIT	Y, TOWN	TOWN OR LOCATION				100			Od. INSIDE CITY LIMITS?
		DOLLCIMOLC				_	dalk						YES 2 XNO
FUNERAL	Oo. STREET AND NUMBER					101	. ZIP COOI				10g. CITIZE	N OF WH	AT COUNTRY?
	1243 Delbert							1222					Italy
	1 Never Merried 2 Married FOR		S DECEDENT EVER IN U.S. ARMED ICES? 1 YES 2 YOU ES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIG If yee, specify Cuben, Maxican, Puerto 1 YES 2 NO Specify:			n, Puarto	serto Rican, etc.) Black,		Black, \	American Indian, White, etc.
3	15. DECEDENT'S El (Specify only highest gra	DUCATION ade completed)	16a. DE	CEOENT'S	USUAL O	CCUPATIO	ON ast of working	v2	165	. KIND OF BUS	INESS/INDU		
4	Elementery/Secondary (0-12)	College (1-4 or 5	+) // // // // // // // // // // // // //	. Do NOT u	se retired.)		ISI OF WORKI	'S					
COMPLETED	8th			Hous	ewif	9							
5 1	7. FATHER'S NAME (First, Middle, Lest)						18. MOTI	HER'S NA	ME (First,	Middle, Malden	Surname)		
# L	Constanzo	D	'Andrea					Tor			Ang		ante
e '	Franco -		194							ber, City or Town		,	01000
	-Francis DiPiet	ro							Bal	timore			21222
1	Burial 2 Cremation 3 Re	emoval from State	20b. PLACE other pl	lace)				natory or			CATION — CI		
- 1	Donetion 5 Other (Specify)	LICENSEE	_ Uak	Law	_		ND ADDRE	SS OF EA	CILITY	D	altim	ore r	'1Q .
	▶ Connelly	Fune	ial Hu	om	U					1 Home	of D	ında:	lk 21222
ITICALION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO	O (OR AS A CONSEC	OUENCE O	DF): DF):	cind	oma						Onsat and Death
	PART II. Other significent conditi	long contribution to	doub but out		In the se	a da alada		-h t-	0-41				
₹ '	Chronic Choled		daath out not i	resulting	in the u	noariyin	g cause i	given in	Part I.	24a. WAS AN PERFOR	MED?	1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
	Partial Obstru	<u> </u>	offonont	+ 100	n			-	_	1 TYES 2	₩ NO	(OF DEATH?
Σ			erreren	L-100)h				-			1	YES 2 NO
A .	Gastro-jejunos	Tolly				00.00	105.05.0	F 8 TAL 401		_			
PHYSICIAN: M	EXAMINER?	HOSPITAL:			OTHE	R:	LACE OF D						
2 -	7. MANNER OF DEATH	1A. Inpatient 2 28a. DATE O	ER/Outpatient 3	26b, TII			URY AT	sidence		or (Specify) SCRIBE HOW I	N HARV OCCI	een	
	1 X Natural 5 Pending	(Month,	Day, Year)		JURY	WC	PRK?	NO.	200. 02	SCHIBE HOW I	NOONT OCCU	neu	
n	2 Accident Investigation 3 Suicide & Could not it	28a, PLACE	OF INJURY — At he	ome, farm.	atreet, fec				26f. LOC	CATION (Street a	and Number o	r Rural Bo	uta Number
3	4 Homicide 6 Could not I	De building	, atc. (Specify)	,		,,				or Town, State)		THOI WIT THO	no rumon,
COMPLETED	anal 2	YSICIAN: To the best of											and mariner as stated
	196. SIGNATURE AND TITLE OF CERTIF									,			
ă I	2 S. Mai	and					Sac. FIG.	T/A	7 \		DATE	_10	Month, Day, Year)
2 3	O. NAME AND AODRESS OF PERSON	WHO COMPLETED CAL	JSE OF OEATH (ITE	M 27) /%	e. Print's		V	170	14		0	18-	.10
	Reynaldo Mirar					n Sc	quare	Dri	ive		2123	7	
3	EED 0 1000	32. REGISTR	AR'S SIGNATURE	196							1	119	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 35 hours after death. Page 6 may be retained by the hospital or attending the TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARY	LAND / DEPARTM			MENTAL HYGIE		04040
1	1. DECEDENT HENRY		LER		2. PATE BRUAT		2003. TIME OF DEATH
	220-14-1223 10-1200		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. PATE OF EMPLE 11-0/-	R 1, 1982	BIRTHPLACE (State or Foreign Octuntry) MD
TOR	9a. FACILITY NAME (If not institution, give street and number) AA GENERAL HOSPITAL RESIDENCE OF DECEDENT	96		POLIS	EATH	Sc. COUNTY	OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY MD AA		RCHTON	ION			10d. INSIDE CITY LIMITS? 1 VES 2 1 NO
FUNERAL	10. STREET AND NUMBER 1273 DEEP COVE RD.			20733		10g. CITIZEN	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4XX Divorced 12. WAS DECEDENT EVER FORCES? X X Y YES	DATES		ocify Cuban, Mexica	IIC ORIGIN? (Specify n, Puerto Rican, atc.)	Yea or No — 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
PLETED	t5. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 8 +) 1 0	18e. DECEDENT'S USI (Give kind of work life Do NOT use re	done during mo tired.)			IVIL SE	TRY
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	EUCHLER		18. MOTHER'S NA	ME (First, Middle, Meld ARET		MEL ROY
TO BE	19a. INFORMANT'S NAME (Type/Print) DIANA LANGELUTTIG/SIMMONS	196. MAILING AD SAME		nd Number or Rural i	Route Number, City or 1	own, State, Zip Co.	de)
	1 X Yeurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Db. PLACE OF DISPOSITION OF THE PROPERTY DISCON	VETERAI	NS CEMET	ERY CR	LOCATION — CITY OWNSVIL	
	21. SIGNATURE OF FUNERAL SEINING LICENSEE		SINGL	ETON FUN OND AVE.	ERAL HOME GLEN BUR	NIE, MD	21061
Z	DUE TO (OR AS	A CONSEQUENCE OF):					Approximate interval Between Onset and Death
CERTIFICATION	r any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A CONSEQUENCE OF): A CONSEQUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contributing to deeth Reval Failure	but not reaulting in t	he underlyin	g cause given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpatient 2 ER/OU		THER:	ACE OF DEATH (Ch	8 Other (Specify)		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation			RK?	28d. DESCRIBE HO	W INJURY OCCUP	RED
ED	4 Homicide determined building, etc. (Sp	RY — At home, farm, stre- pecily)	et, factory, offic	A	28f. LOCATION (Stre City or Town, Str	et end Number or ete)	Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examinet						ause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER RECOULT	luo		20c LICENSE NU	38	29d. DATE S	IGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF E	W.Q. 51		ulin S	t, Annag	xolis, Mu	d 21401
	FEB 20 1990 Luka Javids						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR	CERTIFI	CATE OF	DEATH	REG. NO).			
	1. DECEDENT SINAME (Grat, Middle, Last) BAS	ASIL	DORFILL	MILL	2. DATE OF DEATH AND MONTH EN RUAD	BY 15,	YEAR 9 930 TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 232/64/8328 9. FACILITY NAME (If not institution, give street and number)	6. AGE (In yrs. last birthday) 49 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE.	7. DATE OF BIRTH (Month, Day, Year) Sept. 8	1940	BIRTHPLACE (State or Foreign Country) W. Va. Y OF DEATH		
OR	North Arundel Hospital		Glen 8		ATH	A A	Y OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCA	TION		10d. INSIDE CITY			
۵	MD AA	Pasa	adena				1 TYES & NO		
FUNERAL	10e.STREET AND NUMBER 116 Litton Dale Lane		10	21122		10g. CITIZE	USA		
BY	1 Never Married X X Married FORCES? x1 IF YES, GIVE V	TEVERINU.S, ARMED √□ YES 2 □ NO WAR OR DATES ⊕ tnam	13. WAS OEG	13. WAS DECENDENT OF HISPANIC ORIGIN? (Si If yes, specify Cuben, Maxican, Puerto Rican I YES 2 NO Specify: 1. The specific or the specific o			4. RACE — American Indian, Black, Whita, etc. Specify: white		
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) Coffege (1-4 or 5-	Ille Do NOT us	ork done during me	ON est of working	16b. KIND OF BU	ISINESS/INDU	STRY		
MP	12 xxxxxxxx	X YARD !	MASTER		RAILR	DAD (C	SX)		
8	17. FATHER'S NAME (First, Middle, Lest)			16. MOTHER'S NAI	WE (First, Middle, Maider	Surneme)			
BE		RILL		DELLA		LICE	NETTLES		
0	19e. INFORMANT'S NAME (Type/Print)			and Number or Flural F	loute Number, City or Tov	vn, State, Zip C	lode)		
-	DONNA R. DODRILL		AS 10	11)					
	20s. METHOD OF DISPOSITION X Burlel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	20b. PLACE OF OISPOS other place) GLEN H		netery, cremetory or IORIAL PA			NIE, MD		
	21. SIGNATURE OF FUNCTIAL SERVICE LICENSEE		SING		NERAL HOMI SW GLEN I		. MD 21061		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		BISE	CACH	NSVAGIC	VIM	Interval Between Onset and Deeth SECUNOS		
EDICAL CE	PART II. Other significant conditions contributing to	death but not resulting i	n the underlylr	g cause given in	Part I. 24a. WAS AI PERFO	PRMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
: MED							OF OEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL		26. F	LACE OF DEATH (Ch	eck only one)				
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2	ER/Outpetient 3 🗆 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Specify)				
BY PHYSICIAN: M	27. MANNER OF OEATH 1 Netural 5 Pending (Month, i	FINJURY 28b, TIM Day, Year) INJ	E OF 28c. IN	JURY AT DAK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCU	JREO		
	3 Suicide 28e. PLACE (OF INJURY — At home, ferm, a stc., (Specify)	street, factory, offi	0	28f. LOCATION (Street City or Yown, State		r Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a MEDICAL EXAMINER: On the basis of a								
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	mn		D337	15 7	29d. DATE ▶ Z	SIGNEO (Month, Day, Year) -/L-9D		
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAL	SEAGER	, Print)	m.n	108 AS	Kon	TON SUPER		
	FEB 2 0 1990 22. REGISTR	AR'S SIGNATURE							

BALTIMORE, MARYLAND DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the his TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

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II.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	medicai
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	FOR	TATE OF MARYLA	AND / DEPART	MENT OF HI	EALTH AND M	MENTAL HYGIEN	9 E	0 04042	
N COLUMN	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	L. I		CATE OF		REG. NO.		3. TIME OF DEATH	
		SEX 8. AGE (1		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HRTHPLACE (State or Foreign ountry) aryland	
FOR	90. FACILITY NAME (If not institution, give street of the Angle of the Angle of the Angle of the street of the str	nd number) Nde	HOSP	6 lex	BUL)	ATH	9c. COUNTY OF DEATH		
DIRECTOR	10e. STATE 10b. COUNTY	e Arundel	10c. CITY,	TOWN OR LOCATI	Pasa	dena		10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
FUNERAL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
Ä	8167 Bayside Dr.				211:			1 States	
ВУ	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Wildowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 X NO	If yee, spe		IC ORIGIN? (Specify Yee 1, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White	
CD.	15. DECEDENT'S EDUCATION (Specify only highest grade company)		18e. DECEDENT'S U	SUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUSTI	RY	
COMPLET	12	illege (1-4 or 5+)	Homemak	retired.)			Domest	ic	
BE CO	17. FATHER'S NAME (First, Middle, Last) Charles	W.	Smi		Edna		Mae	(Unknown)	
5	190. INFORMANT'S NAME (Type/Print) Eugene W. Dorr					asadena, M		,	
	200. METHOD OF DISPOSITION	200	PLACE OF DISPOSI				CATION - City		
	1XXeuriel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from State	other place)						
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE	Meadowri		D ADDRESS OF FAC		kridge	, MD	
	1 941 D LU	muni		McCu:	lly Fune	ral Home on Rd., Pa			
CERTIFICATION	23. PART I. Enfer the diseases, or common abook, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST	DUE TO (OR AS A	consequence of	Myo	emdi.	Al In	Farc	Interval Between Onset and Deat	
MEDICAL O	PART II. Other eignificant conditions co	ontributing to death b	ut not resulting in	the underlying	cause givan in	Part i. 24a. WAS AN PERFOI	1/	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:		OSPITAL:		26. PL OTHER:	ACE OF DEATH (Chi	ack only one)			
YSI	1 YES 2 NO	Inpatient 2 ER/Outp	atlent 3 DOA	4 Nursing Home		S Other (Specify)			
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	280. DATE OF INJURY (Month, Day, Year)	20b. TIME INJU	M 1 N	ES 2 NO	28d, OEŞCRIBE HOW	INJURY OCCURI	ED	
ETED	3 Suicide S Could not be determined	28e. PLACE OF INJURY building, stc. (Spec	— At home, farm, st	treet, factory, office		281. LOCATION (Street City or Town, State)	end Number or F)	Rural Route Number,	
COMPL	ana)	: To the best of my know n the basis of examination						ouse(e) end manner se stated.	
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER	my my	Dep	outy	DO O	6054	29d. DATE 610	GNED (Month, Day, Year)	
ř	30. NAME AND ADDRESS OF PERSON WHO'CH	JONES	8, m, D,	Print) 695	- An	rerica	Ct.	21035	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN							
	FEB S 1 1990 Gra	in the contraction of						DHMH-16 Rev 1	

DHMH-16 Rev 1/89

Literated Dieses Dieses States 1985

FOR STATE REGISTRAR

\neg	1. OECEOENT'S NAME (First, Middle, Las								
	DECEDENT S NAME PARK, MICOR, LAS	141	DRAK	e. WAR	1	2. DATE OF E	2-12-9	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	E (In yrs. last birthday)	IF UNDER 1 YEAR	UNDER 24 HRS.	7. DATE OF B	DIRTH .	S. BIRTHP	LACE (State or Foreig
	1611.18-174	1 - M 2 XF	7 7	MONTHS DAYS H	URS MIN.	(Month, Day	(Mear) 13	Country)	C.
	9a. FACILITY NAME (If not institution, giv	e street and number)		9b. CITY, TOWN OR I	OCATION OF DI	EATH /	9c. COL	UNTY OF DE	ATH
H	St	JUSEPH.	HOSP, VAL	Tou	SON		R	AN +	MORRE
СТО	RESIDENCE OF DECEDENT 10a, STATE 10b, COU	NTV	400 CITY	TOWN OR LOCATION					10d. INSIDE CITY
DIRE	Michi.	NTT		etroit					LIMITS?
AL D	10e. STREET AND NUMBER		. De		P COOE		10g. Cl7		AT COUNTRY?
HA	11729 Heyden		- 11/1		48228	de	US		1.
FUNER	11. MARITAL STATUS	12. WAS DECEOENT EVER	IN U.S. ARMEO	13. WAS DECENI	ENT OF HISPAI		pecify Yea or No-	14. RACE	- American Indian,
BY F	1 Never Merried 2 Married	FORCES? 1 YES	DATES NO		V Cuban, Mexica NO Specif		n, atc.)	Specify	Whita, atc.
	3 Widowed 4 Divorced							Blac	CK
ETED	15. OECEOENT'S E (Specify only highest gro	OUCATION ade completed)	(Give kind of wo	USUAL OCCUPATION rork done during most of a ratified 1	f working	16b. KIN	D OF BUSINESS/IN	IDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	200 1701 000			Det	riot Pub	olic S	chools
COMPL	17. FATHER'S NAME (First, Middle, Last)			10	. MOTHER'S NA		e. Maiden Surname)		0013
E C		Donald			Bess	ie M.	Felix		
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and				(ip Code)	
5	Hortense Field	S	6880	W. Outer	Dr., 1	Detroit	t, Mich.	48	235
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 R	a moval from Stata	other place)	ITION (Name of cemete	ry, crematory or		20c. LOCATION -		
y	4 Donetion 5 Other (Specily)		Washing	ton Cem.			Washing	ton,	N.Y.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1	March	F/H We	St			
		11/10/10	Ma.	1200 1	abash /	N			
Z	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one ceuse on	s A CONSEQUENCE OF	ot enter the mode	of dylng, euc	th es cerdiec	or reepiratory e	rreet,	Interval Bet
rification	shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditione, If any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	e. OUE TO (OR AS	s A CONSEQUENCE OF	ot enter the mode JARY S T: CARCIO	of dylng, euc	th es cerdiec	or reepiratory e	rreet,	Interval Bet
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AN: MEDICAL CERTI	shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditione, if amy, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	e. CLIST only one ceuse on OUE TO (OR AS DUE	S A CONSEQUENCE OF	ot enter the mode	of dying, euc	Pert I. 24	B. WAS AN AUTOPS PERFORMED?	Y 24b.	Unset and I
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 2120

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2-yours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to build, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Ann M.

31. DATE FILED (Month, Day, Year)

Dixon,

1. DECEDENT'S NAME (First, Middle, Les	st)							OF DEATH		100	3. TIME OF DEAT	Ή
Richard E. 1	DeMayo, In			DAY MAY	XXXXX	X.	MONT 2	н 1	.8	YEAR 90	1:19A	м
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last		IF UNDER 1 YEAR		24 HRS.	(Mont	OF BIRTH		Coun	**	
168-64-9323 9a. FACILITY NAME (If not institution, give		20		9b. CITY, TOWN				3, 19	_	Peni	nsylvani	a
				EXALES				00			George	
RESIDENCE OF DECEDENT	dia .			ARMAK.	ZAAAS	KLU	reraa	ce	PL	Trice	: George	S
Leland Memorial RESIDENCE OF DECEDENT 100. STATE 100. COU Pennsylvania	Montgomer				egleville						10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
100. STREET AND NUMBER 3035 Walker Lav 11. Marital Status 1 Never Married 2 Married	3035 Walker Lane 11. Marital status 12. WAS DECEDENT				101. ZIP CODE 19403			10g. CI		USA		
3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARI 1 YES 2 X N WAR OR DATES		If yes,	ECENDENT Coperation of the cop	in, Maxle	an, Puerto	N? (Specify Yes Ricen, atc.)	n or No—	14. RAC Blac Spec	CE — American Indick, White, atc. City: White	en,
15. DECEDENT'S E (Specily only highest gr Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	college (1-4 or 5	(Gi	ive kind of wo Do NOT use		TION most of world	ng	161	b, KIND OF BU				
I E	2		Stu	ident				Unive		ty		
) all aug Cu							Middle, Maiden	Surname)			
Richard E. I	remayo, Sh		- MANUAC A	ADDRESS (Stree			M. F		- Out 7	L 0-1-1		
Gale M. Brown				Walker							12	
20a. METHOD OF DISPOSITION		20b, PLACE	OF DISPOSIT	TION (Name of							Town, Slata	
1 Burial 2 Cremation 3 X R 4 Donation 5 Quper (Specify)	lemoval from State	other pla	ivers	ide Ce	meter	u		ω.	Norr	itor	1 Twp, P.	4
21. SIGNATURE OF JINERAL SERVICE	u all	A		6009	RT C.	ALT ord	TENBL Rd.	IRG FUI	NERAL	. HON	ME, INC.	
23. PAGIT I. Enter the diseases, shock, or heart talls	or complications the rs. List only one ca	at caused the de	eath. Do no									
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Multip)		node of dy	ing, su					Approxim Interval E Onset en	etween
disease or condition resulting in death)	b		ICS OUENCE OF)):	node of dy	ing, su					Approxim	etween
disease or condition resulting in death)	b	le Injur O (OR AS A CONSEC D (OR AS A CONSEC	ICS OUENCE OF)):	node of dy	ing, su					Approxim	etween
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions are sufficient to medical examiner? 1	b. DUE TO c. DUE TO d	O (OR AS A CONSECT O) (OR	DUENCE OF) OUENCE OF) OUENCE OF) OUENCE OF) OUENCE OF) 28b. Time INJU 12:3 Ome, farm, st Stre	26. OTHER: 4 Nursing H OF 28c. Inny OAM 1 Innext, factory, of	PLACE OF 1 ome 5 R NJURY AT WORK? YES 2 Tica ste and place, death occu	given in	heck only construction of the construction of	24a. WAS AN PERFO	N AUTOPSYRMED? 2 NO INJURY OF IAN and Number IMOY IMOY ING Se at	ccured struer or Rural e Av	Approximinterval & Onset en Interval & Onset e	inoings to cause the cause the cause to cause the cause

111 Penn St., Baltimore, MD

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND	MENTAL HYGIEN		20 0404
1. DECEDENT'S NAME (First, Middle, L.	e Dixo	n		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 8.17-68-048 9. FACILITY NAME (If not Institution, c	5. SEX 6. AGE	31 YRS. MONT	NDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 3 - 1 - 58		BIRTHPLACE (State or Foreign Country) MD
UNIVERSITY RESIDENCE OF DECEDEN	OF MD.	90.	BALTIMORE (9c. COONTY	OF DEATH
10a. STATE 10b. CO			WN OR LOCATION			10d. INSIDE CITY LIMITS? PROPERTY YES 2 NO
100. STREET AND NUMBER 3222 DUDLE	v AVENIIF		101. ZIP CODE 2 1 2 1 3			OF WHAT COUNTRY?
11. MARITAL STATUS CAC Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 MO Speci	an, Puerlo Rican, etc.)		Black, White, etc. Specify: BLACK
15. DECEDENT'S (Specify only highest : Elamentary/Secondary (0-12)	College (1-4 or 5+)	16a, DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	one during most of working		imore	
high School 17. FATHER'S NAME (First, Middle, Lae JOHN SI.		COUNSEL		AME (First, Middle, Maiden	Surname)	ieu cins.
19a. INFORMANT'S NAME (Type/Print) MABIE 20a. METHOD OF DISPOSITION 1. Pariel 2 Cremetion 3 Comparing 2 Comparin	Removal from State	3222 DU	RESS (Street and Number or Rural IDIFY AVENU) N (Name of cemetery, cremetory or CEMETERY 22. NAME AND ADDRESS OF F WM. C. MARC!	E/BALTIMO 20c. LO BA	RE M CATION — CH	D 21213 y or Town, State RE MD
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Blee DUE TO (OR AS C. Sepsi DUE TO (OR AS	S A CONSEQUENCE OF): S A CONSEQUENCE OF):	E 7			Onset and Dead
PART II. Other significant cond Diabetes Hyperten	Melling 5	Anting f		Pert I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MAO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:		26, PLACE OF DEATH (C			
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJUR (Month, Day, Year	Y 28b. TIME OF	Nursing Home 5 Residence 26c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
2 Accident Investige 3 Suicide 8 Could no 4 Homicide detarmin	28e. PLACE OF INJU building, atc. (S)	RY — At home, farm, atreet pecify)	, factory, office	28f. LOCATION (Street City or Town, State		Rural Route Number,
One)	PHYSICIAN: To the best of my kn					
29b. SIGNATURE AND TITLE OF CER	TIFIER		29c. LICENSE N	JMBER	29d. DATE S	SIGNED (Month, Day, Year)
Bekele At	esa, m. o		2359	97	1 2	15/90
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)			

3. TIME OF DEATH

> Approximata Interval Batwean Onsat and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

8. BIRTHPLACE (State or Foreign Md.

9 YEAR

FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

MARTHA

31. OATE FILED (Month, Day, Year)

FFR 20 1990

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	215-	10-3270	1 - M 2 XF	79	YRS. MO	NTHS DAYS	HOURS 1	WIN. OS	n, Day, Year))	Country) Md.
	,	(If not institution, give				CITY, TOWN	OR LOCATION	OF DEATH		9c. COUNT	Y OF DEATH
OB	FAIRMI	DUNT N	URSING.	CEN	TER 1	BALTI	U.M.D	,			
2	RESIDENCE O	10b. COUNT	Y		10c. CITY, T	OWN OR LOC	ATION				10d, INSIDE CITY
DIRECTOR						alto.					LIMITS?
RAL	100. STREET AND N	ummen ttman Pla	ace			1	of. ZIP CODE	202	10g. CITIZEN OF WHAT COUNTR		
FUNERAL	11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U FORCES? 1 YES					CENDENT OF I	HISPANIC ORIGII Mexicen, Puerto Specify:	N? (Specify Yes Ricen, etc.)	I. RACE — American Indian, Black, White, atc.	
BY	3 X Widowed 4	3 X Widowed 4 Divorced IF YES, GIVE WAR OR OATE					S 2 🖄 NO	Specify:		Black	
COMPLETED	(Spi	15. DECEDENT'S EOU ecify only highest grad indery (0-12)		16a.	DECEOENT'S USI (Give kind of work ille. Do NOT use re	done during r	TION nost of working		Vestern		
N N	17. FATHER'S NAME	(First Micirile I set)		_		_	10 MOTUE	R'S NAME (First,			CITC
	7110	Iton Bats	son					artha E			
B	19a INFORMANT'S I		-		19b. MAILING AD	npece /Sime					nda)
2	Ann Bon							Balto.			215
	20e. METHOD OF DI			20h PLA	CE OF DISPOSITI						y or Town, State
		remetion 3 - Ren	noval from State	other A)	rbutus i	Mem. P	k .	ny un			
		TUNERAL SERVICE L	ICENSEE	1			AND ADDRESS	OF FACILITY	Arbutus, Md.		
	19	Ula)	March			Mar 430	ch F/H O Waba	West sh Ave.			
CERTIFICATION	IMMEDIATE CAU disease or condi resulting in deat	SE (Final tion h) conditions, immediata DERLYING or injury nts	b. DUE TO (OF	AS A CON	SEOUENCE OF):	12					Interval Batwe Onsat and Dei
SICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF D									24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIA	25. WAS CASE REFE EXAMINER? 1 YES 2		HOSPITAL:			THER:		TH (Check only o			
PHY	27. MANNER OF DEA	TH 5 Pending	1 Inpatient 2 El	JURY	26b. TIME C	OF 26c. II	NJURY AT YORK?		er (Specify) SCRIBE HOW II	YJURY OCCU	RED
TED BY	9 Culplete	Investigation 6 Could not be determined	28e. PLACE OF It building, etc	IJURY — At (Specify)	home, farm, stre	et, factory, of	lice		CATION (Street e or Town, State)	nd Number or	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 [SICIAN: To the best of my								l. ceuse(e) end menner se stated.
		D TITLE OF CERTIFIE	ER				29c. LICENS	SE NUMBER		29d. OATE	SIGNEO (Month, Day, Year)
TO BE	19-11	No	new)	ND		D	173.	22	▶ 2	113/90
1	JU. NAME AND ADO	HESS UP PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Pri	int)					

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

1 -

DRE, MARYLAND 21203-3146

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	D MENTAL HYGIENE REG. NO.
0	2. DATE OF OEATH

1. OECEOENT'S NAME (First, DEMETRA		CHAEL E	PITROPA	KIS					2. DATE O	of OEATH	AY 90	YEAR	3. TIME OF OEATH 9:00 A
4. SOCIAL SECURITY NUMBER 213-21-11		5. SEX 1 M 2 X F	6. AGE (In yrs. le	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE C	PRINTH PORT 15-84		Causes	PLACE (State or Foreign
9a. FACILITY NAME (If not in 1242 Ker	ndrick			,	9b. CITY,		seda.		EATH			alti	EATH More
RESIDENCE OF DEC 10a. STATE Maryland	10b. COUNTY	timore		10c. CITY	, TOWN C		non seda.	le					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER 1242 Ker		Rd.				101	. ZIP COD		23 7		10g. CITI	ZEN OF W	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO		If yes, sp		n, Mexica	in, Puerto R	(Specify Yalican, atc.)	a or No—	14. RACE Black Specif	- American Indian, White, atc.
	EOENT'S EOUC y highest grade (+) ((ECEDENT'S Give kind of we b. Do NOT us Depen	vork done e retired.)	during mo	ON ost of working	ng	18b.	KINO OF BU	SINESS/INO	DUSTRY	
17. FATHER'S NAME (First, M Evangelo		ropakis					16. MOT			Ryki			
Evangelo	s Epit	ropakis	19							or, City or Tow re, M			21237
20e, METHOO OF DISPOSIT	on 3 🗆 Remo	oval from State	20b. PLACE other p	OF DISPOS			of F			1.374	CATION - Baltin		wn, State Maryland
21. SIGNATURE OF FUNERA	Fun		Comel	2	22.	La		n Fu	neral	Home		1d. 2	21236
Sequentially list conditions in any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS	diete ING ury	bDUE TO	O (OR AS A CONSE	EOUENCE OI	F):								
PART II. Other signification	ent condition	s contributing to	deeth but not	resulting	in the u	nderiyin	g ceuse	given in	Part I.	24a. WAS AF PERFO 1 YES	RMED?	246	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only on	0)			
	Pending Investigation	1 Inpatient 2		26b. TIM	4 🗆 Nu	28c. IN	JURY AT ORK?		6 Other	(Specify) CRIBE HOW	INJURY OC	CUREO	
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE (building	OF INJURY — At I	nome, farm,	street, fac	tory, offi	ce			ATION (Street or Town, State		r or Rural	Route Number,
one)		CIAN: To the best of											e) and manner se stated.
30. NAME AND ADDRESS O	Han	onba	LAW ISE OF PEATH AT	SM 27 (7-	Delet 1		29c. LIC	LENSE NU	MBER 138		29d, DAT	TE PIGNET	(Month, Day, Year)
Brigid G. I	Leventh	al, M.D.	. CMSC 8	300 Jc	hns	Нор	kins	Hos	pital	, Bal	timor	e M	21205
31. DATE FILEPEB DE	7"1990	3 REGIST	AR A JONATUR	angi alia									

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must examiner medical the event, traumatic other 10 injury, Aue Shows has been Dept. of h 23 this certificate h item 0 marked. 69 DIRECTOR: hours after 28 Item FUNERAL I within 72 h IMPORTANT THE

2 2 3

1. DECEDENT'S NAME (First, Middle, Last) 2. OATE OF DEATH 3. TIME OF DEATH Haywood Ead 3:35 Am 2 16 4. SOCIAL SECURITY NUMBER 5. SEX 7 DATE OF BIRTH 6. AGE (In was last hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 07-30-03 MONTHS DAYS HOURS MIN. SOUTH CAROLINA 216-03-5352A 1XXM 2 □ F YRS 86 9e. FACILITY NAME (If not institution, give street and number) 9c COUNTY OF OFATH 9b. CITY TOWN OR LOCATION OF DEATH DIRECTOR N/A UNIVERSITY OF MARYLAND HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10s. STATE 10d. INSIDE CITY 1XXYES 2 NO BALTIMORE N/A MARYLAND 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE USA 1503 NORTH PAYSON STREET 21217 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, Whits, etc. FORCES? 1 YES XXNO 1 Never Merried 2 A Married If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) RETIRED LONG SHOREMAN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM EADY JANNIE ROSENBURG BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 1503 NORTH PAYSON STREET (21217) CARRIE EADY 20e. METHOD OF OISPOSITION
11 Surfal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State BALTIMORE, MARYLAND MOUNT CALVARY CEMETERY ☐ Donation 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNDAL DERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BROWN/THOMPSON F.H. P.O. BOX 4433(21223) 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heert fellure. List only one ceuse on eech line. Interval Between IMMEDIATE CAUSE (Finel Oneet end Death dieeeee or condition Sepsis
Due to (or as a consequence of): 48 hours resulting in deeth) reumonia possible CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted evente reculting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO Diarchea COMPLETION OF CAUSE 1 ☐ YES 2 ☐ NO OF DEATH? Dehydration 1 YES 2 NO Anen PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28s. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 3 Suicide 8 Could not be COMPLETED 4 Homtcide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta end piecs, end due to the cause(s) and menner es stated. (Check only one) 2 MEDICAL EXAMINER: On this basis of examination end/or investigation, in my opinton, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 295 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 90 Thirty Hogel MO 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Ann Shirey Hogen MD 22,5 Gleene St. Balthmore MO 110616 32. REGISTRARIS SIGNATURE full triden Handelle

Sugarthe K Jose

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, La.	TE	dunara	10	2. DATE OF DEAT	TH DAY QY	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	E (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR			BIRTHPLACE (State or Foreig			
	241-19-9178	1) (M 2 🗆 F	60 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Vo. 4/-25	29	Country			
~	9a. FACILITY NAME (If not institution, gir		COPPORT							
TO	CHURCH HOSPIT	AL CORPORA	TION	BALTIMORE CI	TY					
DIRECTOR	MARYLAND 106. COU	NTY		TIMORE CITY	7		10d. INSIDE CITY LIMITS?			
	10e, STREET AND NUMBER		DAL	101. ZIP CODE		10g CITIZEI	1 YES 2 NO			
FUNERAL	859 HILLMAN COU	JR T		21202	2		SA			
NO.	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1VV Y	R IN U.S. ARMED	13. WAS DECENDENT OF HIS If yes, specify Cuban, Mex			. RACE - American Indian, Black, White, atc.			
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1/ Y Y	DATES		eclfy:	,	Specify: BLACK			
ED	15. DECEDENT'S E (Specify only highest gr	EDUCATION		USUAL OCCUPATION ork done during most of working	16b. KIND O	F BUSINESS/INDUS				
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	e retired.)						
COMPL	12th		BRICK L			RETIRE	D			
CO	WILABE EDWARDS			GENEV/	NAME (First, Middle, M	alden Sumeme)				
O BE	19a Doris * (Type/Print)	2	19b. MAILING	ADDRESS (Street and Number or Ru		or Town, State, Zip Co	ode)			
ĭ	DOROTHY EDWARDS	3	859 H	ILLMAN COURT/BA	ALTIMORE.	MD 212	02			
	20a. METHOD OF DISPOSITION 1 Description 2 Commention 3 R	lemoval from State	other place)	ITION (Name of cemetery, crematory		c. LOCATION — Cit				
	4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL, SERVICE	LICENSEE	GARRISON	FOREST VET CEM 22. NAME AND ADDRESS OF		VINGS MI	LLS, MD			
	► W0 0			WM. C. MARHO						
	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Cause of Condition									
TIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c			v. 3.					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c DUE TO (OR A	S A CONSEQUENCE OF	ŋ:						
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c DUE TO (OR A	S A CONSEQUENCE OF	ŋ:	PE	AS AN AUTOPSY REFORMED? ES 2 NO	AVAILABLE PRIOR TO COMPLETION DF CAL OF DEATH?			
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other algnificant conditions to the conditions of the conditions of the conditions of the cause of the c	dtions contributing to deat	S A CONSEQUENCE OF	n the underlying cause given	1 [] Y	RFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAU			
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions to the condition of the condition of the condition of the cause of the caus	dtions contributing to deat HOSPITAL:	s a consequence of	26. PLACE OF DEATH OTHER: 4 \(\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tint{\text{\tinct{\texictex{\text{\text{\texi{\text{\texi{\tetx{\texiclex{\texi{\texi{\texi{\texi{\texi{\texit{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\	(Check only one)	RFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAL OF DEATH? 1 YES 2 YES			
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	d	S A CONSEQUENCE OF	26. PLACE OF DEATH OTHER: 4 □ Nursing Home 5 □ Residen BOTHER: WORK?	(Check only one)	RFORMED? ES 2 NO	AVAILABLE PRIOR TO COMPLETION DF CAI OF DEATH? 1 YES 2 YES			
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ED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigate	L HOSPITAL: 1 Impatient 2 ERW 28s. DATE OF INJU (Month, Day, Yes	Dutpetient 3 DOA	26. PLACE OF DEATH OTHER: 4 \cap Nursing Home 5 \cap Residen E OF UNITY WORK? 1 \cap YES 2 \cap NO	(Check only one) (Check only one) 28d. DESCRIBE I	RES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 YES 2			
PLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are also as a condition of the condition of the condition of the condition of the cause	L HOSPITAL: 1 Impatient 2 ERA 28s. DATE OF INJU (Month, Day, Yes 28s. PLACE OF INJU building, etc. ()	Dutpetient 3 DOA Pry 28b. TIM BNJ BRY — At home, farm, a pocify)	26. PLACE OF DEATH OTHER: 4 \cap Nursing Home 5 \cap Residen E OF UNITY WORK? 1 \cap YES 2 \cap NO	(Check only one) ce 6 Other (Specification (Specif	INFORMED? ES 2 NO I) HOW INJURY OCCU Street and Number or State)	AVAILABLE PRIOR TO COMPLETION DF CAL OF DEATH? 1 YES 2 NO RED Rural Route Number,			
E COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are also as a condition of the condition of the condition of the condition of the cause	L HOSPITAL: 1 Inpetion 2 = ERA 28e. DATE OF INJUINATION OF INJUIN	Dutpetient 3 DOA Pry 28b. TIM BNJ BRY — At home, farm, a pocify)	26. PLACE OF DEATH OTHER: 4 Nursing Home 5 Residen E OF	(Check only one) (Check only one) 28d. DESCRIBE I 28t. LOCATION (S City or Town, due to the cause(s) and the time, date and plant	INFORMED? ES 2 NO I) HOW INJURY OCCU- Street and Number or State) d manner ae stated ce, end due to the i	1 VES 2 DONO RED Rural Route Number,			
PLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are conditionally as a conditional	L HOSPITAL: 1 Inpetion 2 = ERA 28e. DATE OF INJUINATION OF INJUIN	but not resulting in but not resulting in but not resulting in but not resulting in butpetient 3 DOA RY 28b. TIM INJ JRY — At home, farm, a specify) AUL GORNER	26. PLACE OF DEATH OTHER: 4 Nursing Home 5 Residen E OF 28c. INJURY AT WORK? 1 YES 2 NO street, factory, office	(Check only one) (Check only one) 28d. DESCRIBE I 28t. LOCATION (S City or Town, due to the cause(s) and the time, date and plant	INFORMED? ES 2 NO I) HOW INJURY OCCU- Street and Number or State) d manner ae stated ce, end due to the i	AVAILABLE PRIOR TO COMPLETION DF CAL OF DEATH? 1 YES 2 NO RED Rural Route Number,			

30. NAME AND ADDRESS O

31. DATE FILED (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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MUSTIAL OR ALLENDING PRINCIPAL IN IN INVIDENTIAL UNIT UNE OFICIAL CONTINUES THE INVIDENTIAL OR OF THE HOSPIAL O	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trump with		TANT: it tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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or princero po	ing physicia	rgiene prior	other trau
מונב מבפתו ביו	the attendi	d Mental Hy	in ury, or
ובלחוובס חומו	en signed by	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal.	shows any l
HIE HOW	ate has be	tate Dept.	em 23 s
TOICHIN:	s certifica	ith the St	ed, or it
DING LT	. After this	death wi	s marke
UN ALIEN	DIRECTOR	hours after	tem 28
HUSPIIAL	FUNERAL	within 72 i	TANT: It I

BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 90 537 Marie Fetherston 2 0 7. DATE OF BIRTH (Month, Day, Yea 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS CONN. 1 M 2 V F 32 047-24-5067 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore Carcas Cantes University of Mary DIRECTOR Maryland RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY MD. BALTIMORE LUTHERVILLE 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 12 TREMBLANT COURT 21093 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puerto Rican, atc.)
1 YES NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Collega (1-4 or 5+) HOME MAKER OWN HOME 12 17. FATHER'S NAME (First, Middle, Last)
ANTHONY FOTO 18. MOTHER'S NAME (First, Middle, Melden Sumame)
STELLA DEFRANCESCO BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 D'ESOPO FUNERAL HOME 277 FOLLY BROOK BLVD. WETHERSFIELD CONN. 20e. METHOD OF DISPOSITION 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State MT.ST. BENEDICT CEM BLOOMFIELD, CONN 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK RD. (21212 H.W.JENKINS AND SONS CO. BALTO.MD. 23. PART I. Enter the disasses, or complications that cause the death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onaet and Death IMMEDIATE CAUSE (Final disease or condition . Metastatic 12 89. raaulting in daath) lignant PL DUE TO GA AS A CONSEQUENCE OF): Malia Sequentially list conditions. if any, leading to immediate CERTIFICAT cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24e. WAS AN AUTOPSY MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26d, DESCRIBE HOW INJURY OCCURED 26b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicida 6 Could not be determined ETED. 4 Homicide 29s. CERTIFIER

(Chack police)

1 **ECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner on stated. COMPL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29th/SHGNATURE AND SITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2-11-90 000

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Rea

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DHMH-16 Rev 1/89

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ME	as b	23	ı
TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene phor to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notililed at once.	l
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	ast)					2. DAT	E OF DEATH	av .	YEAR	3. TIME OF DE	ATH
A 40 40 Cal	FRANCES		FOERTS	CH		2	1		90	5:30	P
4. SOCIAL SECURITY NUMBER 212-36-2973	5. SEX 1 M 2 K F	8. AGE (In yrs. les	YRS. MON	THS DAYS	HOURS MIN	(Mon	th, Day, Year)	940	Count	ryland	Foreign
9a. FACRLITY NAME (II not institution, g St. Agnes Ho RESIDENCE OF DECEDENT 10a. STATE 10b. CO	spital		10c. CITY, TO	Bal WN OR LOCA	OR LOCATION OF timore	DEATH	-	9c. COU	NTY OF C	10d. INSIDE CI	
10e. STREET AND NUMBER	Daromioi e		Tudge		of, ZIP CODE			10g. CIT	IZEN OF	1 TYES 2	par -
8607 North Poin	t Road				212	19		U	.S.A	A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 1		If yes, s	CENDENT OF HIS pecify Cuben, Mei S 2 NO Sp	Ican, Puerto		or No-	Spec	CE — American Inc. ck, Whita, atc. city:	dian,
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION prade completed) College (1-4 or 5+)	(G	CEDENT'S USU No kind of work Do NOT use ret	done during m red.)			nport-H Wareho	xpor	t		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First,	Middle, Malden	Surname)	O		
	elmcamp				He:	len 1	Dignan				
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) John H. Foertsch 8607 North Point Rd. Edgemere, Maryland 21219											
20a. METHOD OF DISPOSITION 1											
21. SIGNATURE OF FUNERAL SERVIC	ELICENSEE 24										
	eber & Sons			George 705	e A . Web S . Ann S	er & B			1231		
23. PART I. Enter the diseases,	a. Hypert b. DUE TO (caused the de	cardio	George 705	e A . Web S . Ann S	er & Ba			1231		mate Betwe
23. PART I. Enter the diseases, shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Hypert b. DUE TO (d.	caused the de te on each line CENSIVE OR AS A CONSE OR AS A CONSE	cardic quence of: quence of:	22. NAME / Georg 705 Inter the m	A. Webs. Ann Sode of dying,	per & Barbara &		AUTOPSY RMED?	1231 rest,	Approxi	FINDIN R TO
23. PART I. Enter the diseases, shock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conductors.	a. Hypert a. Hypert b. DUE TO (d. Ittlona contributing to (caused the de te on each line CENSIVE OR AS A CONSE OR AS A CONSE OR AS A CONSE death but not	cardic counce of): QUENCE OF): QUENCE OF): resulting in the	22. NAME / Georg 705 sinter the m	A. Webs. Ann Sode of dying,	per & Bauch as ca	24a. WAS AN PERFO	AUTOPSY RMED?	1231 rest,	Approxi interval Onset a Onset a AMLABLE PRICOMPLETION COMPLETION OF DEATH?	FINDING TO F CAUS
23. PART I. Enter the diseases, shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PYES 2 NO	a. Hypert a. Hypert b. DUE TO (d	caused the de te on each line CENSIVE OR AS A CONSE OR AS A CONSE OR AS A CONSE death but not	cardic counce of): QUENCE OF): QUENCE OF): resulting in the	22. NAME / Georg 705 Inter the m Vascu	NO ADDRESS OF A. Web S. Ann Sode of dying, a lar disc	per & Bauch as ca	24a. WAS AN PERFOI 1 U YES :	AUTOPSY RMED?	1231 rest,	Approxi interval Onset a Onset a AMLABLE PRICOMPLETION COMPLETION OF DEATH?	FINDING TO F CAUS
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Frank J. Peretti M.D. 111 Penn Street Baltimore, MD 21201 32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
FEB 2 0 1990

1. DECEDENT'S NAME (First, Middle, La.	*		C						AY	YEAR	3. TIME OF DEATH	
George Joh		2.0011	Sr.						1990		5:00a	М
4. SOCIAL SECURITY NUMBER 218-03-0005	5. SEX	6. AGE (In yrs. le.	st birthday) YRS.	MONTHS 1	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 17 1	.918	8. BIRTH Count	HPLACE (State or Foreign lry) MArvland	
9e. FACILITY NAME (If not institution, gir	ve street and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE	ATH	9c. COL	JNTY OF D	DEATH	
3 Altimeter Co	ourt				Mic	dle	Rive	er	E	Balti	imore	
RESIDENCE OF DECEDENT			_								1	
Md.	Baltim	ore	10c. CIT	Y, TOWN OR MI		e ri	ver				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER					101	ZIP COD	E		10g. CIT	TIZEN OF	WHAT COUNTRY?	
3 Altimeter Co	ourt					21	220			US	A	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	TEVER IN U.S. AI YES 2 MAR OR DATES		N	yes, sp					Spec	E — American Indian, k, White, etc. ifly: White	
15. DECEDENT'S E (Specify only highest gr		(0	ECEDENT'S Give kind of	work done du			ng	16b. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondery (0-12) 7th	College (1-4 or 5	+)	Asseml		ine			G.M.				
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)			
George Fitch							Ku	nigunda	Mill	er		
19e. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural	Route Number, City or Tow	n, State, Zi	ip Code)		
Catherine F	'itch		3	Alti	met	er C	ourt	Baltimor	e MA	rvla	nd 21220	
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	emoval from State	other p	OF DISPOS	SITION (Nerr	ne of cei	netery, crer	natory or	20c. LC	CATION -	more	own, State	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	al Ma	5.40	22. N	IAME A	D ADDRE	SS OF FA					

Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

IMMEDIATE CAUSE (Finel disease or condition resulting in death)

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I.

24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

1 _ YES 2 _ NO

1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND

5 Pending

investigation

determined

8 Could not be

27. MANNER OF DEATH

1 Netural

2 Accident
3 Suicide

4 Homicide

HOSPITAL:

1 Inpatient 2 ER/Outpatient 3 DOA 28e. DATE OF INJURY (Month, Day, Year)

28b. TIME OF

OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 28c. INJURY AT WORK?

1 YES 2 NO

26. PLACE OF DEATH (Check only one)

28d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

2 MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) and my

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)

31. DATE FILED (Month, Day, Year)

296. SIGNATURE AND TYLE OF CERTIFIER

1990

32. REGISTRAR'S SIGNATURE Davidson

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 212 nours after death. Page 6 may be retained by the hospital TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BE COMPLETED BY FUNERAL DIRECTOR

examiner must be notified at once. 2

or other traumatic event, the medical

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

IMPORTANT: If Item 28

2 3

is marked, or item 23 shows any injury,

CAR

1.5

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CONRAJ.

1. DECEDENT'S NAME (First, Middle, Last)			ATE OF DEATH	2. DATE OF DEAT	NO.		TIME OF DEATH
	lnora K	Friggo1	1	MONTH 2	DAY	YEAR	1116
	S. SEX 6. AGE (In)	rrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 F		l est	8. BIRTHPLA	CE (State or Foreign
DI, 10 FOI,	₩2□F 81	YRS.		4/30/			yland
9e. FACILITY NAME (If not institution, give stree Harbor Hosp			Balto.City		9c. COUN	NTY OF DEATH	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CITY TI	OWN OR LOCATION			104	. INSIDE CITY
	<u>A. A. Co</u> .		inthicum, M	1d.			LIMITS? YEB 2 X NO
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITI	ZEN OF WHAT	COUNTRY?
402 Hillview	Dr.# 202		210	90		IISA	
11. MARITAL STATUS 1 1 Never Merried 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF H If yes, specify Cuban, N 1 PES 2 NO	Aexican, Puarto Rican, ato		Bleck, Wi	American Indian, olta, atc. White
15. DECEDENT'S EDUCAT	TION 1	Be. DECEDENT'S US	JAL OCCUPATION	16b. KIND O	BUSINESS/IND	USTRY	
	mpleted) College (1-4 or 5+)	life. Do NOT use re	done during most of working tired.)				
6th.Grade -		Homema	ker	Own	Home		
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER	'S NAME (First, Middle, Mi	alden Sumame)		
Samuel A.	Matki			orence			3
19a. INFORMANT'S NAME (Type/Print) Charlotte Friz	ZO11		DRESS (Street and Number or				1 01000
20a. METHOD OF DISPOSITION			Hillview D		LNthlc c. LOCATION —		
Burial 2 Cremation 3 Ramovi	al trom State G1°	ther placed en Hawe	n Memorial	Park G	len Ri	rnie	. Md
21. SIGNATURE OF FUNERAL BERVICE LICEN			22. NAME AND ADDRESS				
· Daniel 1	2.1/an	los	McCully F	uneral H	Balt ome,13	o.Md.	21230 Fort Av
23. PATTI. Entar the diseases, or con	mplications that caused t	he death. Do not	entar the moda of dying	, auch as cardiac or	reapiratory arr	reat,	Approximata
shock, or heart fellure. I is		** ******					Intervel Retwe
shock, or heart fellure. List IMMEDIATE CAUSE (Finel	1		1				
shock, or heart fellure. Lis	1	Te 1	aspiratory	failer	٩		
shock, or heert feliure. Lis IMMEDIATE CAUSE (Finel disease or condition	Ac w DUE TO (OR AS A C		aspiratory				
shock, or heert fellure. List IMMEDIATE CAUSE (Finel disease or condition reaulting in death) a	Ac w DUE TO (OR AS A C		_ / /				
shock, or heert fellure. List IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate	Ac w DUE TO (OR AS A C		_ / /				
shock, or heert feiture. List IMMEDIATE CAUSE (Finel disease Dr condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Ac w DUE TO (OR AS A C		_ / /				
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shock, or heert feilure. List immediate CAUSE (Finel disease or conditions, reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions.	DUE TO (OR AS A C DUE TO (OR AS A C AM OX DUE TO (DR AS A C CAC CONTributing to deeth but	ONSEQUENCE OF): ONSEQUENCE OF): A ONTERVIENT IN THE PROPERTY OF THE PROPERT	ncephalopa trial ti	Thy 6736(47) on in Part 1. 24a. W	C AL		Onset and Dec
shock, or heert feilure. List immediate CAUSE (Finel disease or conditions, reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions.	DUE TO (OR AS A C DUE TO (OR AS A C AM OX DUE TO (DR AS A C CAC CONTributing to deeth but	ONSEQUENCE OF): ONSEQUENCE OF): A ONTERVIENT IN THE PROPERTY OF THE PROPERT	ncephalopa trial ti	Thy 6136(47) on in Part I. 24a. W	S AN AUTOPSY RFORMED?	CO	Onset and De
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shock, or heert feiture. List IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions. LYP	DUE TO (OR AS A C DUE TO (OR AS A C AM OX DUE TO (DR AS A C CMOR Contributing to death but	ONSEQUENCE OF): ONSEQUENCE OF): AT ONTO THE SECUENCE OF SECUENC	THER: Nursing Home 5 Reald Record Reald Record Record	en in Part I. 24a. We PE 1 Y	S AN AUTOPSY PRORMED?	OO OF	MPLETION OF CAUSE DEATH?
shock, or heert feiture. List IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intitleted events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 NANNER OF OEATH 1 Nanner OF OEATH	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C CAMPA DUE TO (DR AS A C CAMPA CONTRIBUTING to deeth but Landing to Report t	ONSEQUENCE OF): ONSEQU	THER: Nursing Home 5 Reald Y M 1 YES 2 N	en in Part I. 24a. We PE 1 Y	IS AN AUTOPSY REORMED? ES 2 NO O NO INJURY OC	AM CO OF	RE AUTOPSY FINDING ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?
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DHMH-18 Rev 1/89

1. DECEDENT'S NAME (First, Middle, Lost) 4. SOCIAL SECURITY NUMBER 5. SEX 579-18-3496 90. FACILITY NAME (If not institution, give street end number of the control of t	6. AGE (In)	ura inat hirthriaus					2. DATE OF DEATH	v ve	3. TIME OF DEATH
579-18-3496 1 - M 2 90. FACILITY NAME (If not institution, give street end num Franklin Square RESIDENCE OF DECEDENT		on last hirthday					February "	16, 199	5:49 A M
90. FACILITY NAME (if not institution, give street end number of the street and number of the st	2CXF / U	YRS.	IF UNDER 1		F UNDER 24	HRS.	7. DATE OF BIRTH (Month Day Year)	8. E	BIRTHPLACE (State or Foreign country)
Franklin Square	-had	THS.	9b. CITY, 1	TOWN OF	LOGITION		-	1919	Md.
RESIDENCE OF DECEDENT			- 0				SEDALE		
10e. STATE 10b. COUNTY	11001 2111			Dare.	Zillo I e	NO.	SEDALE	Dail	imore
3// /		10c. CIT	Y, TOWN OR						10d. INSIDE CITY LIMITS?
Md. Baltimor	е		Balt						1 TYES 2 TONO
10e. STREET AND NUMBER				10f. Z	IP CODE				OF WHAT COUNTRY?
11 Henry Avenue	ECEDENT EVER IN U	LO ADMED	T 40 340	DE DE DE		1236			.S.A.
1 Never Merried 2 Merried FORC	ES? 1 YES GIVE WAR OR DATE	27 NO	H :	13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea If yea, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 ☐ YES 2 ☐ ★*O Specify:					RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	10	8e. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCC	CUPATION uring most	of working		16b. KIND OF BU	SINESS/INDUSTI	RY
Elementary/Secondery (0-12) College n/a n/a	(1-4 or 5+)	Cler:					F	ed. Gov	v't
17. FATHER'S NAME (First, Middle, Last)				1	6. MOTHER	R'S NAM	E (First, Middle, Maiden	Surname)	
Milton D. Routzah	n				F]	lore	nce E. Br	ady	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS ((Street and	Number or	Rural Ro	oute Number, City or Tow	n, State, Zip Cod	(e)
Martin Routzahn (b							Odenton,	Md. 21	113
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from : 4 Donetion 5 Other (Specify)	State 2011.	of dispos Parkw	ood Co	emet	ery, cremeto	ory or		cation — city of the city of t	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	The Land	,	S	chim		Fun	utv leral Home kd., Balti		Md. 21236
23. PART I. Enter the diseases, or complication shock, or heart fellure. Liet on IMMEDIATE CAUSE (Final disease or condition resulting in death)	thens	h ilne.	the (an-	rdro	000	ss cardiac or respondent		Interval Between
Sequentielly list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE O	F):						
d									
premius 2 10	#"NL"	Holten	Seg 28 de	+ 1 d	989.		PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input	TAL:		OTHER:	:			ck only one)		
	DATE OF INJURY	lent 3 L DOA		ing Home 28c. INJUR			28d. DESCRIBE HOW	NJURY OCCURE	FD
	(Month, Day, Year)	IN	JURY M	WORK				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3 Suicide 8 Could not be 4 Homicide determined	PLACE OF INJURY — building, etc. (Specify	- Af home, ferm,	atreet, factor	ry, office			28f. LOCATION (Street City or Town, State)		tural Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the Control of the I									use(e) end menner ee stated.
296, SIGNATURE AND TITLE OF SHITIFIER	MI		_	2	i 2		BER 9 3	29d, DATE SIG	HESTAGES CHILDREN
30. NAME AND ADDRESS OF PERSON WHO COMME	TED CAUSE OF DEAT	Н (ІТЕМ 27) (Туре	e, Print)					to. Md	101110

Julia Davidson-Randose

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trape filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-18 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plant 6 man entired by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be motified at a

1 -	STATE REGISTRAR	OIAIL OI MAII		ICATE (MENTA	REG. NO.			
	1/2/2/	LIAMOCP CL7	EDMAN A	V			2. DATE MONT	OF DEATH	- 9°	EAR 3	353A N
4.	social security number 216-32 -4704		GE (In yrs. lest birthday) Of Yas.		AR IF UND	BER 24 HRS.		OF BIRTH			ACE (State or Foreign ARYLAND
		NTY GEN. HOSPI	TAL		WN OR LOCA IDALLS		EATH		9c. COUNTY BALT		
100	STATE 10b. MARYLAND	COUNTY BALTIMORE	10c. Cf	TY, TOWN OR L	OCATION DALLS	TOWN					Od. INSIDE CITY LIMITS? XYES 2 NO
	3706 TRENT RI).			101. ZIP CC	2113	33		10g. CITIZEN USA		AT COUNTRY?
3 [1 Never Married FORCES? 1 YES XX NO If yes, specify Cuben, Maxicen, Puarto Rican, atc.)						Black, 1	- American Indian, White, etc. WHITE			
17.		r's EDUCATION st grade completed) College (1-4 or 5+)	life. Do NOT	work done during	ng most of wo			. KIND OF BUS	AUDIO	RY	
	FATHER'S NAME (First, Middle, PHILLIP FRIEI				18. MC			Middle, Maiden UNKNOW			
	n. INFORMANT'S NAME (Type/Pr MRS - ROSE FR			G ADDRESS (SE						^{de)}	3
20. 1X	e. METHOD OF DISPOSITION Burlel 2 Cremation 3 Donation 5 Other (Spec	☐ Ramoval from State	20b. PLACE OF DISPO						CATION — CHY		
	SIGNATURE OF FUNERAL SER		Y	22. NA	SOL LE	Vins		BROS,		, МГ	21215
Se if ca	equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events seuting in death) LAST	c	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	OF): '	- Med	astal	i'e (Canci			
		d to dear	th but not resulting	3 In the under	rlying caus	e given in	Part I.	24e. WAS AN PERFOR	MED?	o c	YERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
25.	WAS CASE REFERRED TO MEI	HOSPITAL:		OTHER:	26. PLACE OF	M					
	MANNER OF DEATH 1 Netural 5 Pend	28a. DATE OF INJU (Month, Day, Ye Igetion	RY 26b. T	IME OF 28	c. INJURY AT WORK?			SCRIBE HOW I	NJURY OCCUP	IED	
	2 Accident 3 Suicide 6 Could 4 Homicide detari	not be 28e. PLACE OF INJ	URY — Al home, ferm Specify)	, etreet, factory,	office		28f. LO	CATION (Street of or Town, State)	and Number or	Runal Ro	ute Number,
	onel	G PHYSICIAN: To the best of my I									end mennar ee statad.
(b. SIGNATURE AND TITLE OF C	guit. How	use ph	uprea	29c. I	CENSE NU	IMBER 4.T.E		29d. DATE S	IGNED (Month, Day, Year)
	DATE FILED (Month, Day, Year)	OAG, UD B	altimone	Count	Ge.	rount	Hos	nestol.	Kanda	4510.	my 14021
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		FOR
1	_	STATE
	-	REGISTRAR

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	DECEDENT'S NAME (First, Middle, Lest) Edward	Bruce					deric		2. DATE OF E	EG. NO. DEATH DA	Y	YEAR 3	5:20P
	4. SOCIAL SECURITY NUMBER 214-46-0416	5. SEX	6. AGE (In yrs. In	ast birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF 8 (Month, Day 5/19/	, Year)		7 0	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give a		43		9h CITY T	NWO	OR LOCATIO	N OF DEA				ITY OF DEA	
Ĭ.	North Arundel He						ok lyn		U L L	N		e Ari	
חואברוטא	RESIDENCE OF DECEDENT								001	-14 1 15			
4	10e. STATE 10b. COUNT				Y, TOWN OR								0d. INSIDE CITY LIMITS?
	Maryland A. 100. STREET AND NUMBER	Α.		Bro	oklyn	_	-						T COUNTRY?
A	632 Douglas Stree	.+				1	or. ZIP CODE					S.A.	
FUNEHAL	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. A	RMED	13 W	AS DE			C ORIGIN? (S	acifu Yas			- American Indian.
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES?	YES 2 MAR OR DATES		II :	yes, e		n, Mexicen,	, Puerto Ricen			Bleck, \	White White
ם	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a, D	ECEDENT'S	USUAL OCC	UPAT	ION lost of working	o	16b. KIN	D OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	te. Do NOT u	se retired.)								
7	12th Grade		M	lason	Tende	r						Mason	ry
COMPL	17. FATHER'S NAME (First, Middle, Last)	1 1							E (First, Middle		,		
B E	Edwin Bernard Fi	rederick		101 AA ***	1000000	.0.			B. Co			0.47	
2	190. INFORMANT'S NAME (Type/Print) Edwin Frederick		1						oute Number, C				225
	20e. METNOD OF DISPOSITION		205 81 40				ometery, crem		OKTYII			• ∠1	
	12 Buriel 2 Cremation 3 Rem 4 Donalion 5 Other (Specify)	oval from State	other	n/ene)			ans C		erv				Maryla
CERTIFICATION	23. PART I. Entar the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DRUG (V DUE TO b. DUE TO c.	erapami O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	1) IN	TOXIC					0,100			Approximat interval Bat Onset and I
	BART II Other closelleant and dista	d	4-4-4-4-4-4	401	4							1	
MEDICAL	PART II. Other significant condition	es contributing to	o deeth but not	rasulting	in the und	arlyli	ng cause g	given in P		PERFOR		0	VERE AUTOPSY FINI MAILABLE PRIDR TO COMPLETION OF CAI OF DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. 1	PLACE OF D	EATH (Chec	ck only one)				
SIC	EXAMINER? 1½ YES 2 □ NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:		me 5 🗆 Re	sidenca 6	6 Other (Sp	ecity)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	284. DATE 0 (Month, 2-17-	Day, Year)	28b. TII	ME OF 2 JURY M	M	NJURY AT VORK?		SUBJE				RUGS
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building HOME	OF INJURY — At I	home, farm,	atreet, factor	ry, off	lice		261. LOCATIO City or To BROOKL	wn, State)	632	or Rural Roo OUGL	AS STREE
COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE						death occur		time, data end		d due to It	ne ceuse(s)	end menner es ats
BE	Mon	~									•		
2	ann M. Dixon, M.			TEM 27) (Typ	e, Print)		111	Penn	St.,	Balt	imor	e, MD	21201
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE										
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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

after death. Page 6 may be retained by the hospital or attending program, and Pages 1, 2, 3 should by the funeral director, page 5 should be detached for use as the fundal moral.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	1. DECEDENT'S NAME (First, Middle, Last))					2. DATE	OF DEATH			3. TIME OF DEA
		RNOLD	FRAZIER				MONT	1 0		YEAR	
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday) IF UNDER 1 1	YEAR IF UND	ER 24 HRS.		OF BIRTH	7, 199		12:15 PLACE (State or F
	212-32-5147	1 Tx M 2 D F 53			DAYS HOURS		(Monti	, Day, Year)		Country	y)
	9e. FACILITY NAME (If not institution, give			96. CITY, TO	TOWN OR LOCA	TION OF DE		e 5,	1936 M.	ary	Land
BC	Carroll County	General Hos	pital		minste				Carr		
DIRECTOR	RESIDENCE OF DECEDENT					1.			Call	011	
RE	10e. STATE 10b. COUNT			TY, TOWN OR							10d. INSIDE CIT
- 4		roll	W	estmin							1 TYES 2 X
RAI	106. STREET AND NUMBER	D 1			101. ZIP CO						HAT COUNTRY?
FUNERAL	4008 Salem Bott	_				1157				S.A	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 [XYE IF YES, GIVE WAR OR	S 2 PINO	If y	AS DECENDENT yes, specify Cui	ben, Mexice	n, Puerlo I		e or No- 14	Black	- American Ind White, etc.
ED	15. DECEDENT'S ED	UCATION	18e. DECEDENT	S USUAL OCC	CUPATION ring most of wor	idaa	16b	KIND OF BU	ISINESS/INDUS	STRY	
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COMPL			Mai	lhand1	er		U	.S. Po	ost Of	fic	e
00	17. FATHER'S NAME (First, Middle, Last)				18. MC	TNER'S NA	ME (First, I	Aiddle, Maiden	Sumame)		
BE	Robert W. Fraz	ier				ary B					
10	19e. INFORMANT'S NAME (Type/Print)				Street and Numb						
	Gertrude T. Fra						d, W				. 21157
	20e. METHOO OF DISPOSITION Burlel 2 Cremetion 3 Here	movel from State	other place)						OCATION — CII		
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	21 SIGNATURE OF CHIMEDAL DEDVICE I										
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BALTIMORE, MARYLAND 21203-3	s after death. Page 6 may be retained by the hospital or attendi	by the funeral director, page 5 should be detached for use as t emoval.	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burdal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
			E	RTIFICATE	O	F DEAT	TH		REG	NO

1 - FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND		GIENE G. NO.		
1. DECEDENT'S NAME (First, Middle, Last ISADOR)		-RAN	k.		2. DATE OF DE MONTH		93	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214=34-4576	5. SEX 6. AGE (in	yrs. last birthday) YRS.	IF UNDER 1 YEA MONTHS DAY		7. DATE OF BIF (Month, Day, APR	9,1903	Country	PLACE (State or Foreign) RYLAND
99. FACILITY NAME (If not institution, give			96. CITY, TOW PIKES	N OR LOCATION OF E	DEATH		ALTIN	
RESIDENCE OF DECEDENT								
PIKESVILLE NURSI RESIDENCE OF DECEDENT 100. STATE 100. COUN MARYLAND	ТҮ		TIMORE	CATION				10d. INSIDE CITY LIMITS? 1X YES 2 NO
100. STREET AND NUMBER				10f. ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?
100. STREET AND NUMBER 3826 MENLO DR. 11. MARITAL STATUS 1. Navyer Merchad 2 Maryland				21215		US		
Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 1 NO	If yee,	specify Cuben, Mexic ES 2 NO Spec	cen, Puerto Ricen,			- American Indian, white, etc. WHITE
15. DECEDENT'S ET (Specify only highest grant production of the pr			work done during ise retired.)	most of working		OF BUSINESS/IN		
17. FATHER'S NAME (First, Middle, Last)	1	RETAI	L MERCH			N'S CLOT	HING	
					ESTHER		TE	
194 INFORMANT'S NAME (Time/Print)		19b. MAILING	G ADDRESS (Stre	et and Number or Rura				
P MR. SORRELL FRA	NK			AVE. B				
20e. METHOD OF DISPOSITION 1 M-Buriel 2 Cremetion 3 Re	moval from State			cemetery, crematory or		20c. LOCATION —		vn, State
4 Donation 5 Other (Specify)	, I	BETH EL				RANDALL	STOW	N, MD
21. SIGNATURE OF PUMERAL BERNICE	Stillman	,	SOL	AND ADDRESS OF F LEVINSON REISTER	& BROS.		'O N	MD.
DEAD Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	B. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	C C	PP:	nirals a	111est			
PART II. Other eignificent conditi						WAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH	Bereil organi	(P) IW	nyn	arone	10	YES 2 NO		CDMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		_	28	PLACE OF DEATH (C	Check only one)			
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Output	atient 3 DOA	OTHER:	lome 5 - Reeldence	8 Other (Spec	offy)	IT AU	
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c.	INJURY AT WORK?		E HOW INJURY O	CCURED	
	26e. PLACE OF INJURY building, etc. (Speci		etree1, fectory, o	ffice	28f. LOCATION City or Tow	(Street end Numbern, State)	er or Runal R	oute Number,
Correct Orny	YSICIAN: To the best of my knowled NER: On the beele of examination							end menner ee stated.
29b. SIGNATURE AND TITU OF PERFIF	and 1	30		29c. LICENSE N	UMBER 641	29d. DA	TE SIGNIPO	(Month, Day, Year)
S. Bene	NHO COMPLETED CAUSE OF DEA	11 5/0	e, Print) ACU 1	ve 21	208			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA							
FEB 2 0 1990	Julia Davidson Ros	TO A TRO						DHMH-16 Rev 1/8

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DATE IN SING IN BUT SALE

BALTIMORE, MARYLAND 21203

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CEF	RIFICAL	E OF	DEA	TH	REG. NO.			
	eorge	GERBE	R				Pebruary	٦, 1	990	3. TIME OF DEATH 3:34 a M
4. SOCIAL SECURITY NUMBER 215–28–8237		(In yrs. lest bi	YRS. MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) May 20, 1	929	Country	PLACE (State or Foreign yland
9a. FACILITY NAME (If not institution, give	44	,0	9h C1	TV TOWN	OR LOCATIO	ON OF D			NTY OF DE	2
Franklin Square				ossvi		JN 01 D	LAIN	150	timor	
RESIDENCE OF DECEDENT	ITY		IOc. CITY, TOWN	1001004	TION					10d. INSIDE CITY
Maryland Bal	timore		Linove							1 YES 2 NO
322 Elinor Ave	nue			10	21236			US.		HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER		D 1		CENDENT C	F HISPA	NIC ORIGIN? (Specify Yea		14. RACE	— American Indian,
1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES	DATES Feb	25,53		S 2XXNO		nn, Puerto Rican, etc.) fy:		Specif	White, etc. White
15. DECEDENT'S Et (Specify only highest gra	DUCATION ide completed)	18a. DECE	DENT'S USUAL kind of work dor	OCCUPAT	ION lost of working	107	16b. KIND OF BUS	SINESS/INI	DUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5+)	Me. Do	NOT use retired	f.)						ANGUEL
12		Sale	smanage	er					partm	ent Store
17. FATHER'S NAME (First, Middle, Last)							AME (First, Middle, Meiden	Surname)		
William G. Gerbe	er	- COL -	AAH ING ADDO	ee /0	Els:		Kneally	. 0	o Costs	
Elizabeth M. Ge	rber						Acute Number, City or Yow 1timore, M			
20a. METHOD OF DISPOSITION 1 To Burlel 2 Cremation 3 Re 4 Donetion 5 Other (Specify)	moval from State	other place	on Vete						City or To	ryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE 100	7	2	2. NAME A	AND ADDRE	SS OF FA	ral Home,		119 110	TYLANG
John H	Libra,	K		711	O Be	lair	Road Bal	timo		D. 21206
23. PART V Enter the diseases, or shock, or heart tailur iMMEDIATE CAUSE (Final disease or condition resulting in death)	a theres	cleno	Fii (and	1000	200	clas De	seu	SR	Approximata Interval Between Onset and Daath
Sequentially liet conditions,	b. with			PPU	emi	s he	in for	lus	rl	
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	с									
thet initieted events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUI	ENCE OF):							
PART ii. Other aignificant conditi	ons contributing to death	but not ree	uiting in the	underlyli	ng cause o	niven in	Part i. 24a. WAS AN	AUTOPSV	24b	WERE AUTOPSY FINDINGS
PARTU POS	1 -	/			1	980	PERFOR	HMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AUDM.	- Diet R	X;	HX C.	inn	gwer	00	2			1 TES 2 NO
liven In	my 2000 g	2- 701	JAh.	mi	UsBal	136	len John			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		PLACE OF D	EATH (C	heck only one)			
1 TYES 2 TINO	1 Inpatient 2 X ER/O	tpetient 3 🗆			me 5 🗆 Re	sidence	8 Other (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending Investigatio	28a. DATE OF INJUR (Month, Day, Year,		28b. TIME OF INJURY M	W	JURY AT ORK? YES 2	NO	28d. DESCRIBE HOW I	NJURY OC	CURED	
2 Accident Investigatio 3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF INJUI	RY — At home	, farm, street, f	actory, offi	Ice		281. LOCATION (Street City or Town, State)	and Numbe	or or Rural A	oute Number,
one) —	YSICIAN: To the best of my kno									
2 MEDICAL EXAMI	NER: On the basis of examinat	lon and/or Inv	eatigation, in m	y opinion,	death occur	red at the	e time, date and place, ar	d due to t	he cause(a	and manner as stated.
296. SIGNATURE AND TITLE OF COSTS	17/1/				29c. LICI	ENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
11/14/	-11	1			11)	21	673	F	eb. 1	7. 1990
Dr. Michael Hy	Te 7527		r Road	Bal	Ltimo	re,	Md. 21236			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG									
EED 0 0 1000	80. 8		,							
1 LB 2 0 1990	The same of the sa	The state of								DHMH-16 Rev 1/89

1	FOR STATE REGISTRAR
	HEGIS I HAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE O	F DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Les	it)				2. DATE O	F DEATH DAY	W5.05	3. TIME OF DEATH
Helen	Green				2-1	6-90	YEAR	м
4. SOCIAL SECURITY NUMBER 213-18-7208		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	1	7. DATE OF		8. BIRTI	HPLACE (State or Foreign try)
9e. FACILITY NAME (If not institution, give	e street and number)		9h CITY TOW	N OR LOCATION OF D			UNTY OF E	
			J. 011, 1011	Baltimore		30.00		imore
10e. STATE 10b. COU	Baltimore	10c. CITY,	TOWN OR LO	imore				10d. INSIDE CITY LIMITS?
	Darcimore		Dall	101. ZIP CODE		40-0	TITEN OF	1 YES 2 NO
100. STREET AND NUMBER 539 DAle Aven 11. Marital Status	ue			2120	6	10g. C		S.A.
∑ 3 ⊠ Widowed 4 □ Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2X NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexica ES 2 NO Specific	nn, Puerto Ric		14. RAC Blac Spec	E — American Indian, k, White, atc. White
15. DECEDENT'S E (Specify only highest on Elementery/Secondary (0-12) 8 th GRade 17. FATHER'S NAME (First, Middle, Lest)	DUCATION ade completed) College (1-4 or 5+)	life. Do NOT use	ork done during retired.)	TION most of working		ang's Pic		
17. FATHER'S NAME (First, Middle, Lest)		Factor	У	T to MOTHER N				
	Wierzbowsk	i			Rosal	ddle, Maiden Surname		Mrr - 1
190. INFORMANT'S NAME (Type/Print)	WICIZDOWSK		DDBESS (0)	et end Number or Rural				Myjhlak
Rosalie S. Rh	odes			Avenue-2		r, City or lown, Statio, .	zip Code)	
20e. METHOD OF DISPOSITION	oues	20b. PLACE OF DISPOSI			1200	20c. LOCATION	City or T	num State
1 ☑ Buriel 2 ☐ Cremation 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify) _	amoval from State	other place)						
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	поту		CEmetery		Balto		
> Kathleen	In huys	La .		C. Mille				lair Road Md21206
disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Metastatu DUE TO (OR / DUE TO (OR /			pyrifor	n Sin	arynx		7 weeks
that initiated events resulting in death) LAST	DUE TO (OR /	AS A CONSEQUENCE OF):					
PART II. Other significant condit	lona contributing to deal	h but not resulting in	the underl	ring cause given in		24a. WAS AN AUTOPS PERFORMED? 1 YES 2 ANO	SY 24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	heck only one)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	Outpatient 3 DOA	OTHER:	iome 5 Residence				
27. MANNER OF DEATH	28e. DATE OF INJU	RY 28b. TIME	OF 28c.	INJURY AT	-	CRIBE HOW INJURY	DCCURED	
	(Month, Day, Ye	ar) INJI		WORK? YES 2 NO				
3 Suicide 8 Could not	28e. PLACE OF INJ building, etc. (URY — At home, farm, s Specify)	treet, factory, c	ffice		TION (Street end Num r Town, State)	ber or Rural	Route Number,
enel enel	YSICIAN: To the best of my k							(e) end manner ee stated.
				29c. LICENSE NU				D (Month, Day, Year)
a sum nt		20						
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	MO 1001	Print) CRAM	Well Ban	GE RS	RATIO	1875	md 21204
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S					2,411	, 0-	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 monts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-trail be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. rs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FEB 20 1990 Julia Suitan Marian

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H dir	any
Dau in	Shows
ndar.	23
State	item
me	0
death with	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
_	-

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) FEB 2 0 1990

TO BE COMPLETED BY FUNERAL DIRECTOR

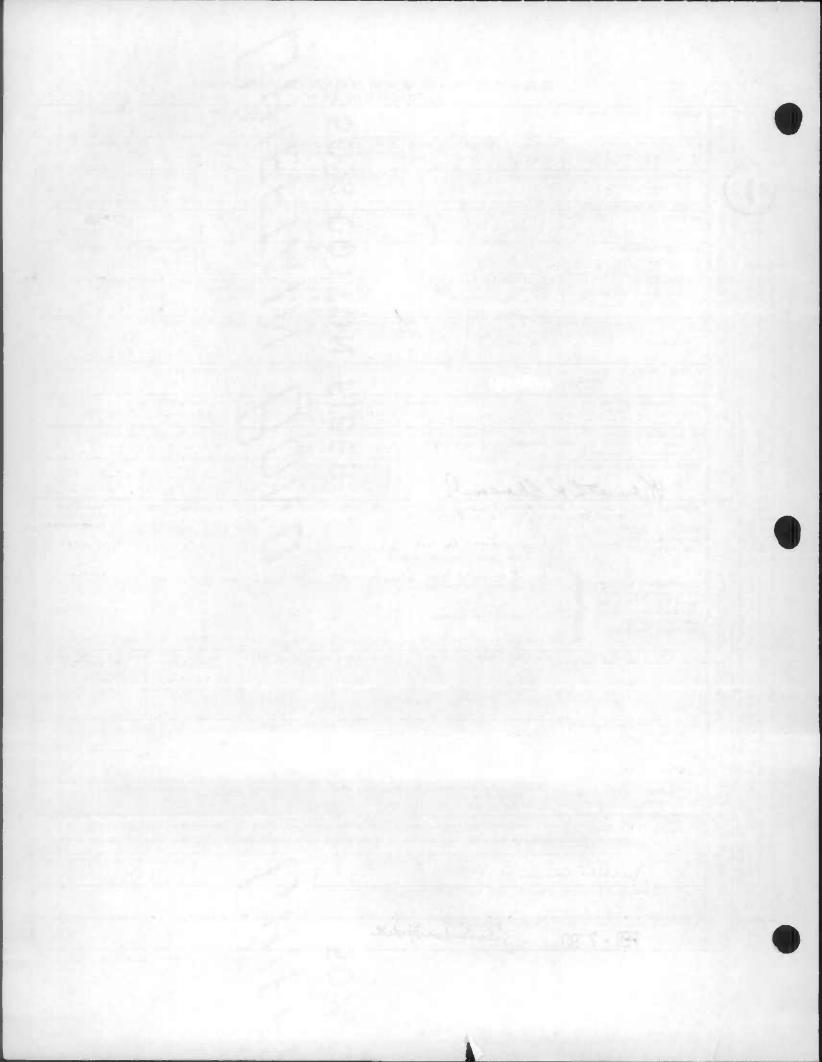
FOR 1 _ STATE	STATE OF MAR		MENT OF HEALTH AN	ID MENTAL HYGIENE	90	0400
REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last				2. DATE OF DEATH	YEAR	TIME OF DEATH
J. PORTER GIL				2/15/90 PAY		11:15 P
4. SOCIAL SECURITY NUMBER 170-03-7125	5. SEX 6. A	. ,	IF UNDER 1 YEAR IF UNDER 24 H	rs. 7. DATE OF BIRTH (Month, Day, Year) FEB. 4, 18	Country)	PENN .
Sa. FACILITY NAME (If not institution, give	street and number)		b. CITY, TOWN OR LOCATION	OF DEATH	9c. COUNTY OF DEAT	Н
ROLAND PARK	PLACE		BALTIMORE	CITY		
10a. STATE 10b. COUN	TY		TOWN OR LOCATION LTIMORE CIT	Y		d. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER	40th. STRI	रस्य	101. ZIP CODE	21211	U.S.A	
11. MARITAL STATUS			12 WAS DESCRIPENT OF IN	ISPANIC ORIGIN? (Specify Year		American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEMENT EV FORCES? IF YES, GIVE WAR O	YES 2 NO OR DATES		exicen, Puerto Ricen, etc.)	Black, Wi Specify:	white, etc.
15. DECEDENT'S ED (Specify only highest gra-	de completed)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of working	18b. KIND OF BUSI	NESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +) 4	-	ALES	COAL	IND.	
17. FATHER'S NAME (First, Middle, Last)	T	51		S NAME (First, Middle, Malden S		
THOMAS J. G	TILESPIE			LA PORTER		
194. INFORMANT'S NAME (Type/Print)	TUUDDITE	19b. MAII ING A	DDRESS (Street and Number or I		State Zin Code	
	TITECDIE		SILVER SPRI			7
RICHARD R. G	TPPESATE		TION (Name of cemetery, cremator		ATION — City or Town,	
1 Burial 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	other place)	LVERY EPIS.		TTS.PENN	State
21. SIGNATURE OF FUNERAL SERVICE			22. NAME AND ADDRESS (4905 NS AND SONS	YORK ROA	
23. PART I. Enter the diseases, o shock, or heart failure immediaTE CAUSE (Final disease or condition resulting in death)	r complications that can be be be because of the cause of					Approximata interval Betwee Onaet and Dear
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	Nose			year.
PART II. Other significant condition		oth buf not resulting in	tha underlying cause give	on in Part i. 24a. WAS AN A PERFORI 1 YES 2	MED? AM	ERE AUTOPSY FINDING: AILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEAT	H (Check only one)		
1 TYES 2 NO	1 Inpatient 2 ER		OTHER: I □ Nursing Home 5 Realds	enca 6 Cher (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26a. DATE OF INJI (Month, Day, Y			28d. DESCRIBE HOW IN	JURY OCCURED	
2 Accident investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF IN	JURY — At home, farm, str (Specify)	reet, factory, office	281, LOCATION (Street as City or Town, State)	nd Number or Rural Route	e Number,
onel			I at the time, date and place, an			nd manner as stated,
296. SIGNATURE AND TITLE OF CERTIF	It lke	141)	29c. LICENS	25 088	29d. DATE SIGNED (M	onth, Day, Year)
30. NAME AND ADMASS OF PERSON OF Dr. Gregory I	vho completed cause of . Walker	3300 N. (Calvert St.	Baltimore, Md	21218	

BALTIMORE, MARYLAND 21203-31	w requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the pt. of Health and Mental Hygiene prior to burial, cremation, or removal.
9	in 24 mours after death	ely filled in by the fune lation, or removal.
13146,	executed with	and complete
P.O. BOX	ath certificate be	ttending physician
RECORDS, P.O. BOX 13146,	w requires that the de	been signed by the attending physician and completely filled in by the pt. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL

	1. DECEDENT'S NAME (First	st, Middle, Last)								OF DEATH		V	3. TIME OF DEA	Ή
		M	IARY B.	GREI	EN				Feb			990	9:00 a	m
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.		IF UNDER 1		ER 24 HRS.		OF BIRTH		6. BIRTHI Country	PLACE (State or Fi	rei
	214-28-28	340	1 □ M 2∑□/F	92	YRS.	MONTHS	DAYS HOURS	MIN.	SEP		97		nsylva	n
	9e, FACILITY NAME (If not						OWN OR LOCA		HTA		9c. COUN	TY OF DE	EATH	
6			a Drive			Z	Armapo	olis	1		Ar	ine	Arunde	1
EC	RESIDENCE OF DE	10b. COUNT	ry		10c. CITY	TOWN OR	LOCATION						10d. INSIDE CIT	,
DIRE	MD.	Ann	e Arunde	e 1	Arar	napo:	lis						LIMITS?	NC
	10e. STREET AND NUMBER						10f. ZIP CO	DE			10g. CITIZ		HAT COUNTRY?	
ER	700 Am	nerica	na Drive	e, Apt	t. 24		2:	1403			U	J.S.	A .	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Statement 1 Never Merried 2 Never Merried 2 Never Merried 2 Never Merried 2 Never Merried 3 Never Merried 4 Never Merried 3 Never Merried		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2		H y	VES 3 (N	ben, Mexico	n, Puerto		or No—	Bleck	- American Ind , White, atc. //: ite	en,
ED		CEDENT'S EDU		18e.	DECEDENT'S I	JSUAL OCC	UPATION ring most of wor	rkina	16b	. KIND OF BUS	SINESS/IND	USTRY		
LET	Elementary/Secondary	(0-12)	College (1-4 or 5+)	Ilfe. Do NOT use	retired.)								
COMPL	11	Adjusted - 1	3	Te	egal s	secre				lawy		pri	vate	
-	17. FATHER'S NAME (First,	Middle, Lest) Thomas	Bedda	11			18. MC			Middle, Melden	,			
BE	19e. INFORMANT'S NAME		330000		19h MAII ING	ADDRESS A	Street and Numb			-		Code		
2	Mary Ann		r				ey Cou					,	1403	
	200. METHOD OF DISPOSI	ITION		20b. PLA	CE OF DISPOS	ITION (Name	e of cometery, cr	rematory or			CATION —			
	ty Buriel 2 Cremel 4 Donellon 8 Dotte		noval from State	Ai	rlingt	con (Cemete	ery					1 PA.	
	21. SIGNATURE OF FUNER	RAL SERVICE L	ICENSEE			_	AME AND ADDE		CILITY		700	To		1.
	Do do	. The	R Show	. ())	ן ידי	omas	Fune	eral	Home	700) LO	cust S dge MD	てつ
	IMMEDIATE CAUSE (F disease or condition resulting in death)	heert feilure.	List only one cause	se on each i	ine.	ot enter th	he moda of c	dylng, suc	h as can				Approximinterval E Onset an	ati
ERTIFICATION	IMMEDIATE CAUSE (F	Heert fellure.	a. Cargard DUE TO DUE TO	two le (OR AS A CON (OR AS A CON	ine.	Seil Jeil Jelvu	he moda of c	dylng, suc	h as can				Approxin Interval E Onset an	atiot d
: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if sny, laading to imm ceuse. Enter UNDERL CAUSE (Disease or in that initiated events	litions, nedists YING plury	a. Congreta DUE TO DUE TO C. DUE TO d.	con as a con	ISEQUENCE OF	Scil	www.	dying, suc	h as card		AUTOPSY	est,	Approximinterval E Onset an	ate oty
MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if sny, laading to imm ceuse. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations of the conditions of t	heert feilure. Finet	a. Congreta DUE TO DUE TO C. DUE TO d.	con as a con	ISEQUENCE OF	Scil	erlying couse	dying, suc	Part I.	24e. WAS AN PERFOR	AUTOPSY	est,	Approximinterval E Onset an U ulu WERE AUTOPSY I MAILABLE PRION OF DEATH?	ate oty
SICIAN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if sny, laading to imm ceuse. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signific	heert feilure. Finet	a. Congreta DUE TO DUE TO C. DUE TO d.	COR AS A CON	ISEQUENCE OF	ot enter the second of the sec	erlying ceuse	e given in	Part I.	24e. WAS AN PERFOR 1 YES 2	AUTOPSY	est,	Approximinterval E Onset an U ulu WERE AUTOPSY I MAILABLE PRION OF DEATH?	eate etvd D
SICIAN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if sny, laading to imm ceuse. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations.	heert feilure. Finet	a. Concern DUE TO DUE TO d. DUE TO d. HOSPITAL: 1 Inputent 2 28e. DATE OF	COR AS A CON	ISEQUENCE OF ISEQU	ot enter the content of the content	erlying couse	e given in	Part I.	24e. WAS AN PERFOR 1 YES 2	AUTOPSY RMED?	24b.	Approximinterval E Onset an U ulu WERE AUTOPSY I MAILABLE PRION OF DEATH?	eate etvd D
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if eny, leading to imm ceuse. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations are supported in the signification of the significant of	heert feilure. Finet	a. Curling DUE TO DUE TO C. DUE TO d. HOSPITAL: 1 Inpatient 2	COR AS A CON	ISEQUENCE OF ISEQU	ot enter the second of the sec	erlying ceue	e given in	Part I.	24e. WAS AN PERFOR 1 YES 2	AUTOPSY RMED?	24b.	Approximinterval E Onset an U ulu WERE AUTOPSY I MAILABLE PRION OF DEATH?	eate etvd D
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if any, leading to imm ceuse. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	ilitions, nedists YING signer condition of the MEDICAL	b. DUE TO d. DUE TO d	GOR AS A CON (OR AS A CON (O	ISEQUENCE OF ISEQU	OTHER: OTHER:	26. PLACE OF THE WORK?	e given in	Part I. Part I. 6 Other 286. DE	24e. WAS AN PERFOR 1 YES 2	AUTOPSY amed? NJURY OCC	24b.	Approximinterval E Onset an U ulu WERE AUTOPSY! AMAILABLE PRION DE DE DEATH? 1 YES 2	ate oty
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if sny, lasding to imm ceuse. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Natural 5 Accident 3 Suickide 6 4 Homicide 29e. CERTIFIER (Check only)	ilitions, nedista ying along irrostigation Pending irrostigation Could not be determined	b. DUE TO d. DUE TO d	(OR AS A CON (OR A	ISEOUENCE OF SEOUENCE OF SEOUE	OTHER: OTHER: OTHER: URY M A the lim d at the lim d	28. PLACE OF PRINCE OF SEC. INJURY 21 WORK? 1 YES 2 Ty, office	e given in F DEATH (Ch Residence	Part I. Part I. Seck only of the Call of the Call of the Call	24e. WAS AN PERFOR 1 YES 2 Per (Specify) SCRIBE HOW I	AUTOPSY AMED?	24b. CURED or Rural F	Approximinterval E Onset an U ulu Ulu Ulu Ulu Ulu Ulu Ulu Ulu Ulu U	TINDO CALL NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if sny, laading to imm cause. Enter UNDERU CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only 0ne) 2 ME	iltions, nedista ying allow a condition of the condition	BUE TO DUE TO DU	(OR AS A CON (OR A	ISEOUENCE OF SEOUENCE OF SEOUE	OTHER: OTHER: OTHER: URY M A the lim d at the lim d	26. PLACE OF THE WORK? 1 YES 2 17, office	e given in F DEATH (Ch Residence	Part I. Part I. Sock only of the case time, date MBER	24e. WAS AN PERFOR 1 YES 2 Per (Specify) SCRIBE HOW I	AUTOPSY MED? NO NUMBER AUTOPSY MED? AND NO NUMBER AUTOPSY MED? AUTOPSY MED. AUTO	24b. CURED or Rural F	Approximinterval E Onset an U ulu Ulu Ulu Ulu Ulu Ulu Ulu Ulu Ulu U	ate et de

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial programment. 2, 3 should be detached for use as the burial programment of the state Deel. of Health and Mental Modelle prior to burial, cremation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the find within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to buring creation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF N		/ DEPAI CERTIF					MENTAL HYGIEN REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, Last)	oldma	ini						2. DATE OF DEATH MONTH DA	AY 5	96	3. TIME OF DEATH 4.30 A. M
3	4. SOCIAL SECURITY NUMBER 217-01-2367	5. SEX	6. AGE (In yrs. I	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	6	Country	
OR	9a. FACILITY NAME (If not institution, give s	treet and number)	4107		9b. CITY	TOWN OF	R LOCATIO	ON OF DE		1	UNTY OF D	irginia
E L	REVIDENCE OF DECEDENT	7		1 100 CI	ry, TOWN (D LOCATI	ON C	~ ;		1		ANA MINISP OITY
DIRECTOR	Maryland			100. 01		ltim						10d. INSIDE CITY LIMITS? 1 XYES 2 NO
	10e. STREET AND NUMBER						ŽIP ČOĐE	:		10g. CI	TIZEN OF W	THAT COUNTRY?
IER.	1622 Westwood Av	e.					2121	7		U	.S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE			V NO It yes, specify Cuban, Maxican, Pus			n, Puarto Rican, atc.)	or No—	Specia	— American Indian, , White, etc. by: BCK		
PLETED	(Specify only highest grade completed) Flementery/Secondary (0.12) College (1.4 or 5.4)				S USUAL O work done ise retired.)	CCUPATION during mos	N at of workin	g	none	SINESS/II		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) JOSEPH Gold	man							ME (First, Middle, Melden Jane Jones			
TO B	Ethel Goldman			196. MAILIN	West	S (Street ar	Ave	or Rural F	Route Number, City or Tow 1 to ., Md. 2	n, State, 2	Zip Code)	
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem	oval from State		E OF DISPO							- City or To	
	4 Donation 5 Other (Specify)		Calv	ary B		st Ch			metery Mid	ldles	exCo	., Va.
	· // /14/0/5	Your			-				m.F.H. 120	16 W.	Nor	th Ave.
	23. PART I. Enter the disessea, or ahock, or heart failure.	complications the	t coused the	deeth. Do	not enter	the mpo	de of dyl	ng, euc	h as cerdiac or resp	iratory a	rrest,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition reaulting in deeth)	· Can		sus	tile	ē)	nela	10	us			Onset and Death
		DUE TO	(OR AS A CONS									
ATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	b. OUE TO	(OR AS A CONS	SEDUENCE (OF):						Ħ	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	c, OUE TO	(DR AS A CONS	SEDUENCE (OF):							
	PART II. Other algnificant condition	na contributing to	death but no	t resulting	in the u	nderivina	cause c	niven In	Part I. 24e, WAS AN	AUTOPS	y 24h	WERE AUTOPSY FINDINGS
MEDICAL	Deale	ilis Me	Mits				, 00000 5		PERFOI	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
≥ ::	1/1000			2000								1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Ch	eck only one)	,,		
YSI	1 TYES 2 NO	1 Inpatient 2			_	R: rsing Home	5 🗆 Ra	sidence	8 55 Other (Specify)	He	pec	r
ВУ РН	27. MANNER OF DEATH 1 Platural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D		28b. TII	ME OF JURY M	28c. INJU WOI 1 Y	URY AT RK? 'ES 2] NO	28d. DEŞCRIBE HOW	INJURY O	CCORED	
60	3 Suicide 8 Could not be detarmined	28e. PLACE O building,	F INJURY — At etc. (Specify)	home, farm,	street, tac	tory, office			281. LOCATION (Street City or Town, State	and Numb	per or Rural F	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 DEERTIFYING PHYS								to the cause(a) and ma time, data and place, as) and manner as stated.
TO BE C	William Granting	thodyfine	mo				29c. LICE	17	186 186	29d. D	ATE SIGNED	37 90 37 90
	30, NAME AND ADDRESS OF PERSON WY	O COMPLETED CALL	SE OF DEATH (F	TEM 27) (Typ	e, Print)						1	1
	31. DATE FILED (MOORE). ON (MI) 1990	320 REGISTRA	R'S SIGNATURE	andell	,							

Val.	r other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
nation, or remo	, the medica	
bunal, crem	natic event	NO
liene prior to	other traun	IFICATI
Mental Hyd	injury, or c	AL CERT
of Health and	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
State Dept.	item 23 s	SICIAN:
ith with the	narked, or	3Y PHY
urs after de:	nm 28 is n	ETED E
ithin 72 hox	ANT: If ite	COMPL
e filed w	MPORTA	BE (

REGISTRAR			CI	ERTIFIC	ATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last) Betty	Grim	es				2, DATE MONTH	OF DEATH		EAR	, TIME OF DEATH
4. SOCIAL SECURITY NUMB 292-24-64		5. SEX 6.	AGE (In yrs. les		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTN 1, Day, Year) -10-192	(Country)	ACE (State or Foreign
a. FACILITY NAME (If not ins	£	reet and number)		9	b. CITY, TOWN	OR LOCATION OF D		10 1/0	9c. COUNTY		
7849 Bel		Road			Pasa	dena			Anne	Arı	undel
Oa. STATE	10b. COUNTY			10c. CITY, 1	TOWN OR LOCA	TION					Od. INSIDE CITY LIMITS?
Maryland Oo. STREET AND NUMBER	Ann	e Arundel		F	asaden	a.		93.			YES 2 NO
7849 Be	lhaven	Road			10	21122			1	S.A.	AT CDUNTRY?
1. MARITAL STATUS Never Married 2 Widowed 4 Divor		12. WAS DECEDENT ET FORCES? 1 IT YES, GIVE WAR	YES 21	RMED NO	If yea, s	cendent of NISPA pecify Cubsn, Mexico S 2 1 NO Speci	an, Puarto I		or No 14.	RACE - Black, Specify.	- American Indian, white, atc. White
	EDENT'S EDUC highest grade		(G	ilve kind of wor	SUAL OCCUPATI k done during m		16b	KIND OF BUS	BINESS/INDUST	TRY	
Elementary/Secondary (0-	-12)	College (1-4 or 5+)	life	Hous	ewife			Home	e Maker	•	
7. FATNER'S NAME (First, Mi	ddle, Last)				011220	16. MOTHER'S NA	AME (First, I				
Ве	njamir	White					xie	War			
9a. INFORMANT'S NAME (7)	rpe/Print)					and Number or Rural				,	
Carla Is	on		7	849 B€	lhaven	Road	Pasad	lena, l	Marylar	nd 2	21122
0a. METNOD OF DISPOSITI X Buriel 2 Cremetio Donation 5 Other	n 3 🗆 Rem	oval from State	other pi	(ace)		emetery, crematory or erial Par		- 1	CATION — City		aryland
1. SIGNATURE OF FUNERAL 23. PART I. Enter the di	SERVICE LIC	Brame	ious	hi	Geor 4001	no address of Fige J. Go Ritchie	nce F	unera.	l Home	P.A	
Sequentielly liet condition in the condition of the condi	diete NG ry	DUE TO (OF	AS A CONSE	QUENCE OF):	and	me To	oh	No	des		
PART II. Other significe	nt condition	s contributing to de	eth but not	resulting in	the underlying	ng cause given in	n Part I.	24a. WAS AN PERFOR 1 YES 2	MED?		VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
5. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			THER:	PLACE OF DEATH (C					
1 YES 2 NO		1 Inpatient 2 El			_	me 8 Raeldenca	1				
1 Natural 5	Pending Investigation	28a. DATE OF IN. (Month, Day:		28b. TIME !	TY W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE NOW I	NJURY OCCUR	ED	
3 Suicide 8	Could not be	28a. PLACE DF II building, atc	NJURY — At he . (Specify)	ome, farm, str	eet, factory, offi	ca	28f. LOC City	ATION (Street or Town, State)	and Number or I	Rumi Ro	ute Number,
anni		CIAN: To the best of my								euse(s)	and manner as stated.
Pb. SIGNATURE AND TITLE	OF CERTIFIE	010				29c. LICENSE NU	UMBER		29d. DATE SI	GNED (Month, Day, Year)
mayer	/	Forbah	2	M. L)	027	938	3	> 2	1	15/90
Mayer	GO -	5 aTs	95 A	4 9 u c	a har T	- Rd.	61	lea C	Buraie	. "	10 21061
I. DATE FILED (Month, Day,	Year)	32. REGISTRAR'S	SIGNATURE	7							
FFR S 0 130	Ju Gu	lia Davidson-	Variance								Philip May 17 F
											DNMH-18 Rev

The state of the s

BALTIMORE, MARYLAND 21203-31

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CERTIFIC	ATE OF D	EATH	RE	G. NO.		
-	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE		3. T	IME OF DEATH
	BENJAMIN WILMER	CADV				монтн 2	DAY 1.6	90	0050 M
1 3	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	UNDER 1 YEAR	UNDER 24 HRS.	7. DATE OF BIE		70	E (State or Foreign
	217-12-0851				URS MIN,	1/22/1		Country) Maryl	
	9e. FACILITY NAME (If not institution, give s	treet and number)	91	. CITY, TOWN OR L	DCATION OF DEA	ATH	9c. COUN	TY OF DEATH	
DIRECTOR	St. Agnes Hospit	al		Baltim	ore				
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	Las DIEN S	OWN OR LOCATION					
E									INSIDE CITY LIMITS?
0		ltimore	Cat	onsville					YES ZEX NO
M	10e. STREET AND NUMBER			10f, ZIP	CODE		10g. CITIZ	EN OF WHAT	COUNTRY?
山山	1903 Victory Dri	lve			21227	7		U.S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE		13. WAS DECEND	ENT OF HISPANI Cuben, Maxicen			14. RACE — A Black, Wh	mericen Indien,
BY	1 Never Merried 2 Merried 3XXWidowed 4 Divorced	IF YES, GIVE WAR OR			NO Specify:		orta.)	Specify:	hite
回	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of work	done during most of	working	18b. KIND	OF BUSINESS/IND		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use n	etired.)					
NP NP	10th Grade		Head Zo	o Keeper			Zoo		
ō	17. FATHER'S NAME (First, Middle, Last)			18	MOTHER'S NAM	WE (First, Middle,	Maiden Surname)		
BEC	Benjamin W. Gary			1	Mary Ma	rgaret	Hoffman		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and A				Code)	
2	Leona Grap		1903 V	ictory D	rizzo	Raltim	oro Md	2122	7
	20e. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITI				20c. LOCATION — C		
	1 ◯ Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donetion 5 ☐ Other (Specify)	oval from State	Crestlawn				Marriott		
- 1	21. SIGNATURE OF FUNERAL SERVICE LIE	ENSEE	Olebelawii	22. NAME AND A			Halliott	SATTIE	, FIG.
	. ///	21//	///	Hubbar	d Funer	al Hom	e, Inc.		
	12/1/2	154					Baltimor		21229
7	23. PART I. Enter the diseases, of shock, or heart failure. IR-MEDIATE CAUSE (Finel disease or condition resulting in death)	e. E Hylo	S A CONSEQUENCE OF):				or respiratory and		Approximate interval Between Onset end Death
NO	Sequentisity list conditions,	b. DUE TO (OR A)	S A CONSEQUENCE OF):						
CATI	if any, laading to immediate ceuse. Enter UNDERLYING CAUSE (Diesees or Injury	C	o A CONGEOGRACE OF J.						
EDICAL CERTIFICATION	thet initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF):						
CEI		d							
7	PART II. Other eignificant condition	e contributing to death	but not reculting in	the underlying co	ouse given in I	Part I. 24a.	WAS AN AUTOPSY PERFORMED?		E AUTOPSY FINDINGS
2	JSCHEMIC	HEDRIT	DISEASE				YES 2 NO	CON	PLETION OF CAUSE
							130		DEATH?
Σ.						_			YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 DI ACC	OF DEATH (Che				
PHYSICIAN:	EXAMINER?	HOSPITAL:	_ 0	THER:	OF DEATH (Che	sck only one)			
Ι×S	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/O		☐ Nursing Home 5					
	1 Natural 5 Pending	28e. DATE OF INJUF (Month, Day, Yea		Y WORK?		28d, DEŞCRIBI	E HOW INJURY OCC	URED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S	PRY — At home, farm, stre pecify)	et, factory, office		28f. LOCATION City or Tow	(Street and Number m, State)	or Rurel Route	Number,
- 1	4 Nomictos determined								
COMPLE	one)	ICIAN: To the best of my kr							manner se stated
8									
B	29b. SIGNATURE AND TITLE OF CAPITAL	RESIDENT	LI WITTIN DL		c. LICENSE NUM	IBER	29d. DATE	0211	ith, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pr	int)	0			110	
	SI. DATE FILED (Month, Day, Year)	ZTA M.D.	900 S. U	UP COLC	. Bae	en Mon	E HD ?	21229	
	FEB 20 230 4	his Bavidson-P							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

	/ 0	sisc	P. 6	2/20	wish	2. DATE OF	DEATH DAY	YEAR 3. TIME OF DE
	4. SOCIAL SECURITY NUMBER 227-12-6559			FUNDER 1 YEAR		7. DATE OF E (Month, Da Oct. 1	(Near) (1920	6. BIRTHPLACE (State or Country) Hampton, Vin
CTOR	98. FACILITY NAME (If not institution, give	street and number)	McHay	b. CITY, TOW	N OR LOCATION OF D	/		NUNTY OF DEATH
L DIRECTOR	Maryland Prince	ce Georges	Lau	rel				10d. INSIDE CI LIMITS? 1XXYES 2
FUNERAL	8301-Ashford Bou	levard, #312		12 WAG	20707 DECENDENT OF HISPA	NIC ORIGINA /e	Uni	ited States 14. RACE — American In
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2X NO	It yea,	specify Cuban, Mexico YES 2 X NO Specif	an, Puerto Ricei	i, etc.)	Black, White, etc. Specify: White
PLETED	15. DECEDENT'S ED (Specify only highest grade (Specify only highest grade) 1.2	College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during retired.)	ATION most of working		OF BUSINESS/IN	vernment
E COMPL	17. FATHER'S NAME (First, Middle, Last) Unknown Perfa	ater	Becretar	y	16. MOTHER'S NA	AME (First, Middl	e. Maiden Surname)	
TO B	199. INFORMANT'S NAME (Type/Print) Jack Gladwish (1	nusband)	8301-As	shford		312,Lau		zip Code) yland 20707
	20a. METHOD OF DISPOSITION 1		20b. PLACE OF DISPOSIT	emator	-y		Washing	city or Town, Stata
	> Clarles	L. Belar	yer	J.Wi	illiam Lee -4th St., N	s Son	s Compar ington, D	ny Funeral H D.C. 20002
	resulting in death)	a. YOU	AS A CONSEQUENCE OF	10 C	evdi	10	(5"	
RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF):	loca	e dis	1 D	154	
: MEDICAL CERTIFI	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST	b. DUE TO (OR DUE TO (OR d.	AS A CONSEQUENCE (OF): AS A CONSEQUENCE OF):	10Ca	ev 410	Port I. 24	. WAS AN AUTOPS' PERFORMED? VES 2 NO	Y 24b. WERE AUTOPSY AMILABLE PRICOMPLETION O OF DEATH? 1 YES 2
SICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST	b. DUE TO (OR DUE TO (OR DUE TO (OR Due TO (OR	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): th but not resulting in	the underly	ying cause given in	Pert I. 24	A. WAS AN AUTOPS' PERFORMED? YES 2 NO	AWILABLE PRIC COMPLETION O OF DEATH?
PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST PART II. Other significant conditions of the condition	b. DUE TO (OR c. DUE TO (OR d. Does contributing to dea HOSPITAL: 1 Inpetient 2 ER 26e. DATE OF INJI (Month, Dey, You	AS A CONSEQUENCE OF):	the underly 28 OTHER: I Nursing I OF RY M 1	ying cause given in S. PLACE OF DEATH (C) Homa 5 Residence INJURY AT WORK? YES 2 NO	Pert I. 24	A. WAS AN AUTOPS' PERFORMED? YES 2 NO	AMALABLE PRIC COMPLETION O OF DEATH? 1 YES 2
ETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST PART II. Other significant condition of the condition	b. DUE TO (OR c. DUE TO (OR d. Dons contributing to dea HOSPITAL: 1 Inpatient 2 ER 266. DATE OF INJ. (Month, Day, Ye 286. PLACE OF INJ.	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	the underly 28 OTHER: I Nursing I OF RY M 1	ying cause given in S. PLACE OF DEATH (C) Homa 5 Residence INJURY AT WORK? YES 2 NO	Pert I. 24	. WAS AN AUTOPS' PERFORMED? VES 2 NO POCITY) BE HOW INJURY O	AMALABLE PRIC COMPLETION O OF DEATH? 1 YES 2
TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST PART II. Other significant conditions are sequentiated events. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. WANNER OF DEATH 1 Natural 5 Pending Investigation investigation in the property of the property o	b. DUE TO (OR c. DUE TO (OR d. Dons contributing to dea HOSPITAL: 1 Inpatient 2 ER 25e. DATE OF INJ (Month, Day, Month,	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	the underly 28 OTHER: Nursing I OF RY M 1 reet, lectory, c	ying cause given in S. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office dete and place, end du in, death occured at the	Pert i. 24 1 1 1 24 1 24 1 24 1 24 1 24 28d. DESCRI 28d. DESCRI 28d. LOCATIC City or R a to the cause(company)	DE HOW INJURY O	AMALABLE PRIK COMPLETION O OF DEATH? 1 YES 2 DOCCURED Deer or Rural Route Number, stated. I the cause(a) and manner a
ETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST PART II. Other significant conditions of the condition	b. DUE TO (OR c. DUE TO (OR d. DIS CONTRIBUTION OF TO (OR DIS CONTRIBUTION	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	the underly 28 OTHER: Nursing P OF RY M 1 Teet, Jectory, c	ying cause given in S. PLACE OF DEATH (C) Home 5 Realdenca INJURY AT WORK? YES 2 NO office	Pert i. 24 1 1 1 24 1 24 1 24 1 24 1 24 28d. DESCRI 28d. DESCRI 28d. LOCATIC City or R a to the cause(company)	DE HOW INJURY O	AMALABLE PRICOMPLETION OF DEATH? 1 YES 2 [DOCCURED DOCCURED
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST PART II. Other significant conditions are sequentiated events. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. WANNER OF DEATH 1 Natural 5 Pending Investigation investigation in the property of the property o	DUE TO (OR C. DUE TO (OR d. DUE TO	AS A CONSEQUENCE OF:	the underly 28 OTHER: Nursing OF 28c. RY M 1 reet, lactory, c	ying cause given in S. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO Office dete and place, end du in, death occured at lih 29c. LICENSE NU	Pert I. 24 1 1 6 Other (S) 261. LOCATIC City or R a to the cause(e illme, data and	a. WAS AN AUTOPS' PERFORMED? YES 2 NO OPECITY) BE HOW INJURY OF THE PROPERTY OF THE PROPERT	AMALABLE PRIK COMPLETION O OF DEATH? 1 YES 2 DOCCURED Deer or Rural Route Number, stated. I the cause(a) and manner a

3. TIME OF DEATH

9:35P

1990

1. OECEDENT'S NAME (First, Middle, Last)

VINCENT

F.

GLASS

2. OATE OF DEATH

	4. SOCIAL SECURITY NUMBER	5. SEX 6										
	216-16-8438	1 XM 2 F	. AGE (In yrs. I		ONTHS DA		24 HRS. MIN.	7. DATE C	Day Ypar)	16	8. BIRTHPLA	RYLAND
	9e. FACILITY NAME (If not institution, give		/ -3		b. CITY TO	WN OR LOCATIO	ON OF DE	<u> </u>	- I		TYLAL	
R	PERRY POINT V.		T. CEN		U. OII T, 10	PERR				96. COU	CEC	
DIRECTOR	RESIDENCE OF DECEDENT	M.FHIDI CA	L CHI	TER		LLIKK	TTC) T T/I T			CEC	T-T-
RE	MARYLAND 106. COUNT	ANNE ARU	NDET.	10c. CITY,	TOWN OR L	OCATION MILLE	RSWI	T.T.E				d. INSIDE CITY
	10e. STREET AND NUMBER	711111111111111111111111111111111111111				101. ZIP CODE		ناللاللا ا		100 CITI		YES 2 NO
FUNERAL	606 MILLWRIGH	T COURT	#44				2110	08		log. GH.		5.A.
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 X Divorced	FORCES? WAS DECEDENT!	YES 2	ARMEO]NO	If ye	OECENOENT O p, specify Cube YES 2 XNO	n, Mexican	, Puerto R		or No—	Specify:	American Indian, hite, atc.
ETED	15, DECEDENT'S EDI (Specify only highest grad	JCATION e completed)		DECEDENT'S US	k done durin	PATION g most of workin	g	16b.	KINO OF BUS	SINESS/IND	USTRY	
APLE	Elementery/Secondery (0-12)	Cottege (1-4 or 5+)	A	POSTAL	retired.)				U.S.	GOVE	RNMEN	T
E COMPL	17. FATHER'S NAME (First, Middle, Last) PAUL DZIEKL	ENSKI					HELE		PEI	Sumame)	I	
00	19+. INFORMANT'S NAME (Type/Print)			19b. MAILING A	OORESS (St	eet end Number	or Rural R	loute Numb	er, City or Tow	n, State, Zip	Code)	21108
5	JANIS SAXBER		(506 MI	LLWF	IGHT	CT.	#44	MIL	LERS	VILLE	
	20a. METHOD OF DISPOSITION	noval from State	20b. PLAC	E OF DISPOSIT	Neme o	e cometery, crom	netory or				City or Town,	
	4 Donation 5 Towns (seein) 21. SIGNATURE OF # Up TO A SUB-ICE L	ICENSEE L	MAI	/TAMIL	-	E RANS		CILITY	CR	OWNS	VILLE	
3	· Nou	- d. Lo	ufn	ran	RAY	MOND	C. I	FINK	FUN.	ERAL LEN	HOME BURNI	2106: E,MD.
ICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	оие то (о b. End оче то (о	R AS A CONS	C ARRES EQUENCE OF): EQUENCE OF): EQUENCE OF):		ilure a	ınd H	lepat	ic fa	ilure		
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AL CERTI	that initiated events	d	eath but no	t resulting in	the under	lying cause g	given in i	Part i.	24a. WAS AN PERFOR		AW	AILABLE PRIOR TO
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mais after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or remo	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic.
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BALTIMORE, MARYLAND 21203

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FOR STATE REGISTRAR		STATE OF I			TMENT				MENTAL HYGIEN REG. NO.	-				
1. DECEDENT'S NAME (First, I	Middle, Leat)								Appropriary	J 7	1990	3. TIME O	F DEATH	
ROBERT	I.	VAN	GLAS	S					02 17	17,	1300	630	AN	
4. SOCIAL SECURITY NUMBE	in .	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH Count	PLACE (Ste	te or Foreig	n
286-01-4404		1 X M 2 - F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	March 13,	1917	Oh	**		
9e, FACILITY NAME (If not inst	titution, give at	reet and number)			9b. CITY, 1	OWN	OR LOCATI	ON OF DI	EATH	9c. COU	NTY OF D	EATH		
NORTH ARUND	A A A A A A A A A A A A A A A A A A A	SPITAL			GLE	N F	URNI	E		A.1	4. C	OUNTY		
RESIDENCE OF DECE	10b. COUNTY			100 CITI	Y, TOWN OR	1004	TION					10d. INSIE	AF CITY	_
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10e. STREET AND NUMBER						10	f. ZIP COD	E		10g. CIT	IZEN OF V	WHAT COUN	ITRY?	
8169 Silo R	oad						211	44			USA			
11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						yes, ap	S DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- be, apacify Cuben, Mexican, Puerto Rican, etc.) 14. RAC Blec Blec Specify:						en Indien, c.	
	DENT'S EDUC		(G	ive kind of v	USUAL OCC			ing	18b. KIND OF BUS	SINESS/INI	DUSTRY			
Elementery/Secondary (0- unknown	12)	College (1-4 or 5	+) // life.	of:	fice				Railr	oad				
17. FATHER'S NAME (First, Mid	idle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)				
Howard G1	ass							Fann	nie Price					
40 - INCOMMANDO MANGO	no (Defeat)		401	- MARIANO	ADDDESO			0 /	David Market Office Tour	. 0 7/	0-4-1			

DIRECTOR RESIDENCE OF DECI 10e STATE Md. FUNERAL 10e. STREET AND NUMBER 8169 Silo R 11. MARITAL STATUS 1 Never Married 2 X 8 BY 3 Widowed 4 Divorce COMPLETED 15. DECE (Specify only Elementery/Secondary (0unknown 17. FATHER'S NAME (First, Mid Howard G1 BE 19e. INFORMANT'S NAME (Typ 5 Margaret Glass same as #10 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Ramoval from Stata 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Donation 5 DOther (SpecifENTOMBMENT GLEN HAVEN MEMORIAL PARK GLEN BURNIE. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVE SW GLEN BURNIE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or haart failure. List only one cause on each line. nterval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, laading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseasa or Injury that initiated evants reaulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dipatient 2 ER/Outpatient 3 DOA OTHER: 1 TYES NO 4 Nursing Home 5 Reeldence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural
2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the ceuse(a) and manner as stated. MEDICAL EXAMINER: On the basis of examinet end/or investigation, in my opinion, death occured at the tima, date end place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 18 0 30. NAME AND ADDRESS OF

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KAPLAN. M.D. 7845 OAKWOOD ROAD #200 GLEN BURNIE, MARYLAND

32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

nours after death. Page 6 may be retained by the hospil BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	1. OECEDENT'S NAME (First, Middle, Jost) LOGAN GPH	INT, I							2. OATE OF OEAT MONTH FORRUM		1990	3. TIME OF OEATH G: 28 AMM
	4. SOCIAL SECURITY NUMBER 251-18-7171	5. SEX	6. AGE (In yrs. last 77	birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTY (Month, Day, Ye	er)	6. BIRTI Count	HPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give a	treet and number)			96. CITY	, TOWN	OR LOCATI	ON OF OE	01	1100	UNTY OF C	DEATH
DIRECTOR	Carroll County (reneral	Hosp		Wes	stm	insta	er		C	arro	11
8	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY
	MD			R	eist.	ersi	town	1				1 YES 2 XNO
FUNERAL	100. STREET AND NUMBER	leart	I ane			10	I. ZIP COO	2/13	36	10g. Cl	TIZEN OF	WHAT COUNTRY?
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BE CON	17. FATHER'S NAME (First, Middle, Last)	+					1 11	HER'S NAI	ME (First, Middle, M	aiden Surname)		
TO B	190. INFORMANT'S NAME (Type/Print) General Gran	T	190	MAILING	AOORES	e d			Lane /	Town, State, 2	ip Code)	74136
	20a METHOD OF OISPOSITION 1 Burlal 2 Cremetton 3 Ram 4 Donetton 5 Other (Specify)	oval from State	20b. PLACE other pla	100)/3		ame of ce	FOL	matory or	Vet 1	Dwing	- City or Ti	own, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE NA X			22.	NAME A	NO AOORE					
	23. PART i. Enter the diseeses, or	enmolications the	of coursed the de	ath Do	DAY ARTAI	the m		NO BO		reentreton, e	rrant	Approximete
	ehock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cer	itory Fair	live	Die	to s	Inffu	AC A	heumoni	to	rrest,	intervel Between Onset and Death
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MEDICAL	PART II. Other significant condition	ie contributing to	o death but not r	esulting	in the u	nderiyin	g cause	given in	1 (X v	AS AN AUTOPS' ERFORMED? ES 2 \(\text{NO} \\ \text{NO} \) 6 \(\text{B} \) \(\text{OPS} \)		b. WERE AUTOPSY FINDINGS AVAILABLE PAROR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO
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ву РНУ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE Of (Month, I		26b. TII	ME OF JURY M	W	JURY AT DRK? YES 2 [□ NO	28d. DESCRIBE	HOW INJURY O	CCUREO	
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At ho , etc. (Specify)	me, ferm,	streel, fac	tory, offi	ce		281. LOCATION (: City or Town,		per or Rural	Route Number,
COMPLET	1000	ICIAN: To the best of										(e) and manner as stated.
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Barber 12 years 17. FATHER'S NAME (First. Micolis, Last) 16. MOTHER'S NAME (First. Micolis, Melbler Surmanne) 17. FATHER'S NAME (First. Micolis, Last) 18. MOTHER'S NAME (First. Micolis, Melbler Surmanne) 18. MOTHER'S NAME (First. Micolis, Melbler) 18. MOTHER'S Name (First. Mi											
DOUBLE TO COR AS A CONSEQUENCE OF): Application of Death Lest on the death Lest on the contributions Lest											
DOMENICO GUGLIUZZA 19a. INFORMANTS NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State), 20 Code) Mrs. Rosaria Gugliuzza 20b. PLACE OF DISPOSITION (Name of connettory crematory or other places) 20b. PLACE OF DISPOSITION (Name of connettory, crematory or other places) 20b. PLACE OF DISPOSITION (Name of connettory, crematory or other places) 20b. PLACE OF DISPOSITION (Name of connettory, crematory or other places) 20b. PLACE OF DISPOSITION (Name of connettory, crematory or other places) 20c. LOCATION — City or Town, State Sykesville, Sykesville, Sykesville, Sykesville, Control Places, Dr. Compiled Interest In											
198. INFORMANT'S NAME (Pype/Pind) MTS. ROSATIA GUGILUZZA 208. METHOD OF DISPOSITION Burlet 2 Green and Number or Pural Pouts Number, City or Rown, State, Zip Code) 2445 Salem Bottom Road Westminster, MD 2445 Salem Bottom Road Westminster, MD 245 Salem Bottom Road Westminster, MD 266. Lake View Mem. Park Sykesville, 272. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Home 8728 Liberty Road Randallstown, M 273. PART I. Enter tife diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory strest, encounting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): 1 OUE TO (OR AS A CONSEQUENCE OF): 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Natural S Pending Investigation 28. PLACE OF INJURY AT MUJORY AT MUJORY, ALE Coldern investigation 29. Secidem 1 Natural S Could not be detarmined to detarmined											
Mrs. Rosaria Gugliuzza 2445 Salem Bottom Road Westminster, MD 206. METHOD OF DISPOSITION 207 Branch 1 2 Corremelton 3 Ramoval from State 208. PLACE OF DISPOSITION (Name of cometary, crematory or corresponding). 208. Location - City or Town, State 209. PLACE OF DISPOSITION (Name of cometary, crematory or corresponding). 209. Location - City or Town, State 209. PLACE OF DISPOSITION (Name of cometary, crematory or corresponding). 210. Location - City or Town, State 220. Location - City or Town, State 221. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Home 8728 Liberty Road Randallstown, M 222. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Home 8728 Liberty Road Randallstown, M 233. PART I. Enter the diseases, or complications/that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, whock, or heart failure. Liet only ofe cause on each line. MMEDIATE CAUSE (Final disease or conditions) 240. To IOR AS A CONSEQUENCE OF): 250. Was Case Reference to MEDICAL 260. MERCANDER (Disease or injury that Initiated events resulting in death) 261. Location - City or Town, State 272. Name of Consequence or respiratory strest, and the conditions contributing to death but not resulting in the underlying cause given in Part I. 263. Was Case Reference to MEDICAL 264. Was AN AUTOPSY 265. Was Case Reference to MEDICAL 265. Was Case Reference to MEDICAL 266. Location (Street and Number or Rural Roule Name of Rural Rural Rural Rural Name of Rural Rural Rural Rural Rural Rural Rural Rural Rural											
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Source S											
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, ehock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE T	8728 Liberty Road Randallstown, MD 21133										
PART II. Other significant conditions contributing to death but not recuiting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY AT WORK? 1 Natural 5 Pending Investigation 28a. DATE OF INJURY AT WORK? 28b. TIME OF INJURY AT WORK? 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. LOCATION (Street and Number or Rural Route No building, atc. (Specify)	140										
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY (Month, Dey, Vear) 28b. TIME OF INJURY AT WORK? 1 VES 2 NO 28c. PLACE OF INJURY AT WORK? 1 VES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. LOCATION (Street and Number or Rural Route No building, sec. (Specify)											
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27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined detarmined	1										
27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined detarmined											
2 Accident Investigation 3 Suicide 6 Could not be detarmined detarmined 4 Homicide Homicide Homicide Accident Suicide 6 Could not be detarmined Homicide Hom											
3 Suicide 8 Could not be detarmined 201. Local ton (Street and Number of Farat House N building, atc. (Specify)											
	Number,										
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, dash occurred at the time, data and placa, and due to the cause(a) and menner as stated.	manner as stated										
296. SIGNATURE AND THE OWNER FOR 296. LICENSE NUMBER 296. DATE BIOLED WHITE CONTROL DATE BIOLED WHITE BIOLED WHITE BIOL DATE BIOLED WHITE BIOLED WHITE BIOLED WHITE BIOLED WHITE BIOL DATE BIOLED WHITE BIOL DATE BIOLED WHITE BIOL DATE BIOLED WHITE BIOLED	n, Day, Year)										
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Frint)											
JOHNS HOPKINS SCH OF A EDICINE, 725 N. WOLFEST. BATIMORE 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	2121										

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	must
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or remova	nedical
ion,	he r
cremat.	event, 1
er death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
lygiene p	other.
E	0
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death	s marked, or Item 2:
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	1 - FOR STATE OF REGISTRAR		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) CECELIA			2. DATE OF DEATH DAY	year 3. TIME OF DEATH
	4. SOCIAL SECURITY MINARER 5. SEX 1 □ M 2 X F	73 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-20-1916	a. BIRTHPLACE (State or Foreign Country)
TOR	9e. FACILITY NAME (If not institution, give street and number) GREATER BALTIMORE MEDICA RESIDENCE OF DECEDENT		TOWSON		UNTY OF DEATH
FUNERAL DIRECTOR	MARYLAND BALTIMOR		TOWSON		10d. INSIDE CITY LIMITS? 1 YES 2 V NO
VERAL	100. STREET AND NUMBER 609 ALLEGHANY AVENUE		101. ZIP CODE 21204		U.S.A.
ВУ	1 Never Married 2 V Married FORCES?	ENT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexics 1 YES 2 NO Specif		14. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentery/Secondary (0-12) College (1-4 or 12 Years	life Do NOT use n	done during most of working stired.)	166. KIND OF BUSINESS/IN	IDUSTRY
CON	17. FATHER'S NAME (First, Middle, Last) FRANCIS O'BRIEN		18. MOTHER'S NA	ME (First, Middle, Maiden Surname) Katherine	Tighe
TO BE	19a. INFORMANT'S NAME (Type/Print)		PORESS (Street and Number or Rural	Route Number, City or Town, State, 2	(ip Code)
-	Richard F. Griffin 20e, METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify)		ayflower Rd. ON (Name of cometery, crematory or S. Govans	20c. LOCATION -	21212 - City or Town, State More, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSER Armer Comments of Comme		22. NAME AND ADDRESS OF FA	GLUTY Defeld Home, In Baltimore, N	nc.
CERTIFICATION	Sequentially liet conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING			h aa cardiac or reapiratory a	Approximate Interval Between Oneet and Deeth
MEDICAL	PART II. Other algnificant conditions contributing	to death but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPS: PERFORMEO? 1 YES 2 NO	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF OEATH (C)	heck only one)	
IVSI	1 TYES 2 TYNO 1 TY Inpatient		☐ Nursing Home 5 ☐ Residence	a ☐ Other (Specify) 28d. DEŞCRIBE HOW INJURY O	CCURED
ВУ	1 Natural 5 Pending (Month 2 Accident Investigation 2 Relates	, Day, Year) INJUR E OF INJURY — At home, farm, stre	WORK? M 1 YES 2 NO	28f. LOCATION (Street and Numb	
ETED.	4 Homickle determined	ng, etc. (Specify)		City or Town, State)	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the besis of				
TO BE (296. BIGNATUSE AND THE POP CENTIFIED	IND	29c. LICENSE NU	MINER 294, CV	TE SIGNED (Morsh, Day, Neer)
F	c. Byron Faulkner. M.	D. G.B.M.C.	WG		1
	31. DATE FILED (Month, Day, Year) 32. REGIST	RAR'S SIGNATURE			

BALTIMORE, MARYLAND 21203-31

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle,		OSEPH I	Е. Н	OOPE	R S	R -	2. DATE OF DEATH	7,199	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-09-3649	5. SÉX XX M 2 □ F	6. AGE (In yrs. les	_	IF UNDER 1		IF UNDER 24 HRS. HOURS MIN:	7. DATE OF BIRTH (Month, Day, Year) JUL. 13	1	6. BIRTHPL Country)	ACE (State or Fore
CTOR	90. FACILITY NAME (If not institution, GOOD SAMARI	TAN HOSP.					ORE CI		9c. COUN	ITY OF DEAT	тн
DIRECT	10e. STATE 10b. C	COUNTY			y, town of LTIM		CITY				Dd. INSIDE CITY LIMITS? XYES 2 N
ERAL	100. STREET AND NUMBER 1519 EAS	T NORTHERN	N PKWY.			101.	ZIP CODE	21239		S.A.	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2		11	yes, spe		NIC ORIGIN? (Specify Y n, Puerto Rican, etc.) y:	ee or No-		American Indiar Vhite, etc.
APLETED	15. DECEDENT' (Specify only highes Elementary/Secondary (0-12) 1.2) (G	ive kind of a Do NOT us		uring mos	N tt af working RVISOR	16b. KIND OF B		USTRY	
BE COM	17. FATHER'S NAME (First, Middle, Le TIM	ost) OTHY HOOPI					MARIE	ME (First, Middle, Maide WIEDENH	AN		
TOE	JOSEPH E.		.]	1519	EAS	T N		Route Number, City or To		O.MD.	
	23. PART I. Enter the disease shock, or heart to IMMEDIATE CAUSE (Finel disease or condition	or complications that	se on sach line	V	not enter	the mod	de of dying, suc	S AND SO	NS CO	D.BAI	AD (21 LTO.MD Approxima Interval Be Onast and
NO	reaulting in death)	DUE TO	OR AS A CONSE	QUENCE O	cara		myop	athy			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSE		F):						
MEDICAL CERTIFI	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	(OR AS A CONSE		F):	derlying	g cause given in		AN AUTOPSY ORMED? 2 NO	AN O	PERE AUTOPSY FIN WALLABLE PRIOR T COMPLETION OF CA F DEATH?
MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other aignificant cor	d	(OR AS A CONSE	resulting	in the und	26. PL	ACE OF DEATH (C)	PERF YES	ORMED?	AN O	WAILABLE PRIOR T COMPLETION OF CO OF DEATH?
Y PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other algnificant cor 25. WAS CASE REFERRED TO MEDIEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin	c. DUE TO d	(OR AS A CONSE	resulting	in the und	26. PL l: lng Hom 28c. INJI	ACE OF DEATH (C.	PERF	ORMED?	1	WAILABLE PRIOR T COMPLETION OF CA OF DEATH?
ED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other aignificant cor 25. WAS CASE REFERRED TO MEDIES AMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO d. ICAL HOSPITAL: 1 1 Inpatient 2 28a. DATE OF (Month, D) getton not ba 28a. PLACE O building,	(OR AS A CONSE	resulting	OTHER 4 OF JURY	26. PL I: Ing Hom 28c. INJI WO 1 \square	ACE OF DEATH (C) e 5 Residence USRY AT RK? ZES 2 NO	PERF. YES neck only one) a Other (Specify)	ORMED? 2 NO VINJURY Occupit and Number	A) CO O	WALLABLE PRIOR ROWPLETION OF C
BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other aignificant cor 25. WAS CASE REFERRED TO MEDIES AMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendin Investig 3 Culd determ 29e. CERTIFIER (Check only) 1 CERTIFYING (Check only)	DUE TO d. ICAL HOSPITAL: 1 1 Inpatient 2 28a. DATE OF (Month, D) getton not ba 28a. PLACE O building,	death but not de	B DOA 28b, Till IN.	OTHER 4 Nurse OF JURY M	26. PL I: ling Home 28c. INJ 1	ACE OF DEATH (C) e 5 Residence UFFY AT RK? /ES 2 NO and place, end du	a Other (Specify) 28d. DESCRIBE HOV 28f. LOCATION (Streechy or Rown, State to the ceuse(e) end in	ORMED? 2 NO VINJURY OCCUPATION OF COMMENT	CURED CO Pural Routed.	WALLABLE PRIOR I OMPLETION OF C. F DEATH? YES 2 N

FEB 3.0 1990.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27-not	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
2	2	pe	×

	1 - FOR STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) MILDRED C. HENSEL			2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DEATH DATE OF D		3. TIME OF DEATH
			IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6 26 02	6. BIF	TTHPLACE (State or Foreign unity) RYLAND
TOR	9a. FACILITY NAME (If not institution, give street and number) CHURCH HOSPITAL CORPO		96. CITY, TOWN OR LOCATION OF D BALYIMORE (DEATH	9c. COUNTY OF	DEATH
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCATION BALTIMORE C	ΓͲΥ		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 811 S. ROSE ST	REET	101. ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2 NO R DATES	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic 1 YES 2 NO Spec	an, Puarto Rican, atc.)	Sp	CE — American Indian, ack, White, atc. sectly:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) SYEARS	18a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of working retired.)	18b. KIND OF BUS	INESS/INDUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) LEWIS WIRSING		MARIE	AME (First, Middle, Meiden S JASPER		
10	MR. BRENARD KLECZKOWSKI	809 S		ENUE BALT	IMORE	
	1 Burlai 2 Cremetton 3 Removal from State	PARKWOOD	CEMETERY 22. NAME AND ADDRESS OF F	BAL		
	Karmond L. Kassyn	whi	2525 FLEET	FUNERAL ST. BALTI	MORE,	21224 MARYLAND
	disease or condition resulting in deeth)	sed the death. Do not neach line. ABOLIC LAUDO S A CONSEQUENCE OF)	ENCEPHALOPA		cally	Approximate Interval Between Onset and Dasth
CERTIFICATION	reny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	S A CONSEQUENCE OF)				
SERTIF	that initiated events resulting in deeth) LAST	S A CONSECUENCE OF				
MEDICAL	PART II. Other significent conditions contributing to death The factor Hyper DEHYDRATION HYPER	th but not resulting in	the underlying cause given in	n Part I. 24a. WAS AN PERFOR	MED?	PAB. WERE AUTOPSY PINDINGS AVAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (COTHER:			
BY PHYS	1 YES 2 NO 1 Neturel 5 Pending Investigation	RY 28b. TIME	4 Nursing Home 5 Residence OF 28c, INJURY AT WORK? M 1 YES 2 NO	6 ☐ Other (Specify) 28d. DEŞCRIBE HOW II	NJURY OCCURED	
8		JRY — At home, farm, st Specify)	reet, fectory, office	28f. LOCATION (Street a City or Town, State)	ind Number or Rur	al Route Number,
COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my kr MEDICAL EXAMINER: On the best of axaminu	ation and/or investigation				e(a) and menner as stated.
TO BE	M. 2UGHAMB	GHAYB MD	037	5 9 4	≥ 2 2	IED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CHURCH HOSPITA 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S	r M.		CHURCH HOS	SPITAL	
	FEB 20 1990 July Savidson-1	andell				

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR					MENTAL	HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First.	Middle, Last) AV10	М. Н	elmick						2. DATE O MONTH 2	DA		YEAR 990	3. TIME OF D	EATH M
- 5	4. SOCIAL SECURITY NUMBI	ER	5. SEX	8. AGE (in yrs. ia	st birthday)	IF UNDER		IF UNDER		7. DATE O	F BIF(TH Day, Year)		8. BIRTH	IPLACE (State o	r Foreign
	236-28-02	17	1 M 2 D F	67	YRS.	MONTHS	DAYS	HOURS	Mirt.		-1923		West	"Virgi	inia
	9a, FACILITY NAME (If not ins	stitution, give s	treet and number)			9b. CITY	, TOWN	R LOCATI	ON OF OF	EATH		9c. COUN	TY OF D	EATH	
TOR	401 - !		renue			E	Balti	mone				Anı	ne A	rundel	
DIRECTOR	Maryland	Anne	Arundel		10c. CI	Bal	time							10d, INSIDE C LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER 401 - 5th	h Aven	nue				101	21	225				U.S.	A.	77
BY	11. MARITAL STATUS 1 Never Married 2 3 Divor		12. WAS DECEDED FORCES?	NT EVER IN U.S. A			If yea, sp		ın, Mexica	NIC ORIGIN? in, Puerto Ric y:		or No—	Speci	American I k, Whita, etc.	ndlan,
ETED		EDENT'S EDU		(1)	ECEDENT'S Give kind of le. Do NOT u	work done	during mo		ng	16b. I	(IND OF BUS	INESS/IND	USTRY		
IPL					Opera	ator				F	ox Fa	ctor	v		
BE COMPLET	17. FATHER'S NAME (First, Min	neth	Helmic	k				18. MOT		ME (First, Mi	ddle, Maiden				
	19a. INFORMANT'S NAME (Ty	/pe/Print)		1:	9b. MAILIN	G AODRES	S (Street &	ind Numbe	r or Rural	Route Numbe	r, City or Town	n, Stele, Zip	Code)		
10	David He	elmick			401 -	- 5th	Ave	nue	Bal	Ltimor	e. Ma	ryla	nd	21225	
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremation		novel from State	20b. PLACE other p	E OF DISPO							CATION —		wn, State	
	4 Donation 5 Other		Total Home State	L	oudor	Par	k Ce	emete	ry		Bal	timo	re.	Maryla	nd
	21, SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY 1Ce Fu	in ama I	Uam	- D	A	
	> Jecon	ne /	France	ourful	?									A. ryland	2122
	23. PART I. Enter the dishock, or he iMMEDIATE CAUSE (Fin disease or condition recuiting in death)	esrt feilure.	Liet only one ca	uee on eech iln	10.	not enter	r the mo	de of dy	ing, suc		ec or respi			Approx	
CERTIFICATION	Sequentially list condition of any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or Injuithat initiated events resulting in death) LAS	diate NG ry	c	O (OR AS A CONSI			ch	Ne	10	elmo) re (C.)	x 1/	Des	erese	Years
PHYSICIAN: MEDICAL CI	PART II. Other eignification	nt condition	ns contributing to	o death but not	resulting	in the u	nderiyin	g cause	given in		24a. WAS AN PERFOR	MED?	24b	MAILABLE PR COMPLETION OF DEATH?	IOR TO DF CAUSE
IAN	25. WAS CASE REFERRED TO	O MEOICAL					26. P	LACE OF C	DEATH (C/	heck only one)				
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE 4 Nu		ne 5 A	ealdence	8 🗆 Other	(Specify)				
PHY	27. MANNER OF DEATH	Panding	28a. OATE O (Month,	F INJURY Day, Year)	28b. TI	ME OF		JURY AT		28d. DESC	CRIBE HOW I	NJURY OC	CUREO		

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

1 YES 2 NO

296. SIGNATIONE AND THELE OF CERTIFIER 25

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

FEB 2 0 199 32. REGISTRAR'S SIGNATURE

5 Pending investigation

1 Netural

2 Accident 3 Suicide

4 Homicide

BY

BE COMPLETED

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281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF H		MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF DEATH	AY YE	3. TIME OF DEATH
Frank	R		ouston		February	12, 19	190 7:55 A.
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)
213-05-7136		82 YRS.			2/21/190	-	Pa.
9e. FACILITY NAME (If not institution, given the manual Hospital Hospital Residence of Decement		1 Center		erland	АТН	sc. COUNTY	legany
10a. STATE 10b. COU	INTY	10c. CI	ITY, TOWN OR LOCAL	TION			10d. INSIDE CITY
Pa. So	merset	Me	eyersda	le			1 YES 2 NO
10e. STREET AND NUMBER			-	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
RD 3				15552		USA	A
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVEL FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify. White
15. DECEDENT'S E	DUCATION		'S USUAL OCCUPATE		16b, KIND OF BU		
(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	f work done during mo use retired.)	st of working	227		
8	,	Attend	dent		State	Hospit	taL
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden		
James Ho	uston			Mary	Robertso	n	
190. INFORMANT'S NAME (Type/Print)	n				Route Number, City or Tow , Pa. 15		ie)
20a. METHOD OF DISPOSITION 1 Nation 2 Cremetion 3 R		29b, PLACE OF DISPO	OSITION (Name of ce	metery, cremetory or	20c. LC	CATION — City	or Town, State
4 Donation 5 Other (Specify)	amoval from Stata		Cemeter	у	Me	yersda	ale, Pa.
21, SIGNATURE OF FUNERAL SERVICE	LICENSEE	-3	22. NAME A	ND ADDRESS OF FA	neral Ho		
m. Ray	Le bento						Pa. 15552
23. PART I. Enter the diseases, shock, or heert failu iMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	a. Carcinon Due to on A Due to on A Co.	natas(s s a consequence	a CN. OFF: Meland	Sinvolv			Interval Between Onaet and Deat
that initiated eventa resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE	OF):				
	d						
Adenocarci Dishetes			g in the underlyin	g cause given in		RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL:	Outpatient 3 1 DOA	OTHER:	ne 5 🗆 Residence			
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea	RY 28b. T	TIME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
2 Accident Investigation 3 Suicide 8 Could not determined	be 28e. PLACE OF INJU	JRY At home, farm Specify)			281. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,
(Order brilly	HYSICIAN: To the bast of my kr						suse(s) and manner as stated.
296. SIGNATURE AND TITLE OF CHIRD	teninely.	mid		29c. LICENSE NUI	MBER 35470	29d. DATE SI	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON		DEATH (ITEM 27) (Ty	rpe, Print)			1	
Dr. Walter Himml		Hospital	LMedical	Building	Cumberla	nd, MD	21502
FEB 2 0 1990	Julia Davidson-A	IGNATURE					
		-					DHMH-16 Rev

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 mount after death. Page 6 may be retained by the hospital or attending physicia.	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-turned processing the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR												
1. DECEDENT'S NAME (First, Middle, Last)	Hote	- 7						2. DATE OF D	DAY	Y_	YEAR	3. TIME OF DEATH
A Zeeta	5. SEX	6. AGE (In yrs. las	na hlisth stor 3	IF UNDER	- A WELD	IF UNDER	21.170	7, DATE OF B	-	1-	70	PLACE (State or Foreign
217-16-6001	1 M 2 X F	67	YRS.	MONTHS	DAYS	HOURS	MIN,	(Month, Da) 9-23	-22		Countr	
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	Y, TOWN	OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH
Baltimore Co.	Gen. Hos	sp.								В	alti	more
RESIDENCE OF DECEDENT			_									
Md .	IY		10c. CI	TY, TOWN	dlaw							10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		-		MOO		ZIP CODE				10c CIT	TZEN OF W	1 YES 2 NO
8900 Dogwood Roa	od.				100	212						THAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	RMED	13.	WAS DEC			IC ORIGIN? (S	pecify Yea		SA 14. BACE	- American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2	NO		If yes, sp		n, Mexican	, Puerto Rican			B Special	— American Indian, k, White, etc.
15. DECEDENT'S EDI (Specify only highest grad		18a. DE	ECEDENT'S	USUAL O	CCUPATION	ON ost of workin		16b. KIN	D OF BUSI	INESS/IN	DUSTRY	
Elementery/Secondery (0-12)	College (1-4 or 5 +	Hite	Do NOT L	ise retired.)	duning me	SE OF WORKI	v	0:	.	c n.	14 1	
								CI	ty o	r Ba	ltim	ore
17. FATHER'S NAME (First, Middle, Last)							_	ME (First, Middle		Surname)		
John Pigford							Ora	Mitc	-			
19a. INFORMANT'S NAME (Type/Print)	- 1-1							loute Number, C				7
Muhammed Hafee	Z							timore			2120	
20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ref 4 Donation 5 Other (Specify)	moval trom State	20b. PLACE other pi	(aca)	em. P		metery, cren	netory or				Stow	n, State
21. SIGNATURE OF FUNDAL SERVICE L	ICENSEE A			22.		ND ADDRE	SS OF FAC					
23. PART I. Enter the discusses, for shock, or most failure IMMEDIATE CAUSE (Final	complications that	ise on each line	е,		430 r the mo	0 Wa	bash Ing, euch	Ave.				
23. PART I. Enter the disease, for the control of t	complications that List only one cau a. Acct DUE TO b. Affect DUE TO	L MUS (OR AS A CONSE	OUENCE COUENCE C	op:	430 r the mo	0 Wa	bash Ing, euch	Ave.				Interval Betw
23. PART I. Enter the dresses, or an ext, or Mert failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditione, if any, leeding to immediate	complications that List only one cau a. Acct DUE TO b. Affect DUE TO	ise on each line	OUENCE COUENCE C	op:	430 r the mo	0 Wa	bash Ing, euch	Ave.				Approximate Interval Betwo Onset and De
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23. PART I. Enter the disease, for abook or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent conditions	complications that List only one cau a. Acut DUE TO b. Athlus DUE TO c. DUE TO d. HOSPITAL	(OR AS A CONSE	EOUENCE (OFF): OTHE	430 r the mo	O Walded of dyl	bash ing, euch	Ave. a sec cerdiec fun Part I. 24a 1 [. WAS AN . PERFORI	AUTOPSY MED?	lie	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS
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23. PART I. Enter the disease, for the city of the cit	complications that List only one cau a. Acut DUE TO b. Athluc DUE TO c. DUE TO d. DUE TO d. DUE TO 28a. DATE OF (Month, D) 28a. PLACE OF	(OR AS A CONSE	EOUENCE COUENCE COUENC	OF): OF): OF): OF): OF): Multiple of the unit of	28. P	G Walder of dylader of dylader of dylader of dylader of Date o	given in	Part I. 24a 1 (Specific Control one) 8 Other (Specific Control one) 28d. DESCRII	. WAS AN / PERFORM YES 2,	AUTOPSY MED?	24b	WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?
23. PART I. Enter the disease, for the control of t	complications that. List only one cau a. Acut DUE TO b. Affect DUE TO c. DUE TO d. DUE TO d. DUE TO 28a. DATE OF (Month, D) 28a. PLACE O building.	(OR AS A CONSE (OR AS A CONSE	COUENCE COUENC	OFF): OF	430 r the mo	g cause g	given in	Part I. 24a 1 [Deck only one) 8 Other (Sp 286. LOCATIO City or Re to the cause(s	. WAS AN . PERFORI	AUTOPSY MED?	24b	Interval Betw Onset and Do Z WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
23. PART I. Enter the desires, for struct, or ment failure immediate cause (Final disease or condition resulting in deeth) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificant conditions in the condition of the cond	complications that. List only one cau a. Accid DUE TO b. Afficial DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE deeth but npt (ER/Outpatient : INJURY Asy, Your) OF INJURY — At he etc. (Specify) Ty knowledge, dexamination and/or	COUENCE COUENC	OFF:	28. P. P. Start opinion,	g cause g LACE OF D JURY AT	given in Seath (Che asidence) and due and at the ENSE NUM 286	Part I. 24s Part I. 24s Other (Sp 28f. LOCATIO City or R to the cause(s	N. WAS AN / PERFORI	AUTOPSY MED? MIJURY OC AND AUTOPSY MID AU	24b CCURED ar or Rural II ated. the coupe(st	Interval Betw Onset and Do Z

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

REGISTRAR		CERTIFIC	ATE OF	DEATH	RI	EG. NO.		
Daby Boy	Hill BABY	BOY HII	LL		2. DATE OF D	25-	90	3. TIME OF DEATH
N/A	5. SEX 6. AGE (In)		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	1811/25/90 18-90	8. BIFTH	APLACE (State or Foreign
FACILITY NAME (If not institution, give sti	pital	9	b. CITY, TOWN O	R LOCATION OF D	EATH	9c. COL	INTY OF D	EATH
a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION				10d. INSIDE CITY
MARYLAND		BAL	TIMORE					LIMITS?
35 S. CALVERTON	ROAD		10f.	21223		10g. CI1	U.S.	WHAT COUNTRY? A.
. MARITAL STATUS X Never Married 2 Married Widowed 4 Diverced	12. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 X NO	If yes, spi	ENDENT OF HISPA Helity Cuban, Maxica 2 X NO Specif	n, Puarto Rican		14. RACI Black Spec	E — American Indian, k, White, atc.
15. DECEDENT'S EOUC (Specify only highest grade	CATION 10 (Completed)	Give kind of wor	SUAL OCCUPATION k done during monetired.)	N st of working	16b. KIN	O OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	N/A	earea.)		N/	A		
FATHER'S NAME (First, Middle, Last)						, Malden Surname)		
a, INFORMANT'S NAME (Type/Print)		Lan manino m	22722		ANCY H			
ANCY HILL						IMORE, M		1223
a. METHOO OF OISPOSITION X Burial 2 Cremation 3 Ramo	oval from State	LACE OF OISPOSIT	ION (Name of cen	netery, crematory or	, , , , ,	28c. LOCATION -		
Donation 5 Other (Specify)	NEV NEV	V CATHEDI	RAL CEM	ETERY		BALTIMO	RE,	MD.
B. PART I. Enter the disease, or c shock, or heart failure. I IMEDIATE CAUSE (Final seese or condition sulting in death)	complications that caused the course on accident only one cause on accident of the course of the cou	he deeth. Do not						Approximate Interval Betwo
equentially list conditions, sny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury let initiated events equiting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF:	M					"5 MIN
ART II. Other significant condition	a contributing to death but	not resulting in	the underlying	g ceusa given in		. WAS AN AUTOPSY PERFORMED? YES 2 7 10	24t	D. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	neck only one)			
1 YES 2 NO	HOSPITAL:		OTHER:	e 5 🗆 Rasidence	6 Other (Sp	ecify)		
MANNER OF DEATH 1 Delutural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ			BE HOW INJURY OF	CCUREO	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building rete_(Specify,	At home, farm, stre				N (Street and Numb wn, State)	er or Rural	Route Number,
2001	CIAN: To the best of my knowled	3						a) and manner as stated
IL SIGNATURE AND TITLE OF CERTIFIER	Kithely	ans		29s, LICENSE NU	witer	29d. DA	TE SIGNE	(Month, Day, Year)
. NAME AND ADDRESS OF PERSON WHO		GNES HOSE		BALTIMOR	E, MD.			
St. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT		,		-,			

DHMH-16 Rev 1/89

BARY A

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BY

BE COMPLETED

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	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAND / DI		TMENT				MENTAL			90	0407	C
	1. DECEDENT'S NAME (First, Middle, Last	Ail BAB	Y BOY HIL		ICATE	OF	DEA	ın	2. DATE		(25/90	YEAR 90	3. TIME OF DEATH	M
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. last bir	thday)	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.		-	/25/90		LACE (State or Foreign	
TOR	SA AGNES HOSP RESIDENCE OF DECEDENT	ital			9b. CITY	Bal	to.	ON OF DE	EATH		9c. COUNT	TY OF DEA	АТН	
DIRECTOR	10a. STATE 10b. COUN	TY	11		ALTI								Od. INSIDE CITY LIMITS? YES 2 \(\square\) NO	
	10e. STREET AND NUMBER			10	MLII		ZIP COD	-			T 40- OITIN			_
FUNERAL						101					10g. CITIZI		AT COUNTRY?	
R	135 S. CALVERTON						212						.A.	
BY FU	11. MARITAL STATUS 1 X Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARMET YES 2 XNO AR OR DATES	D		If yea, sp	cify Cuba	OF HISPAN in, Maxica Specify	n, Puarto R	? (Specify Ya ilcan, alc.)	ia or No—	I4, RACE - Black, 1 Specify:	- American Indian, White, atc.	
TED	15. DECEDENT'S ED (Specify only highest gred	UCATION de completed)	16a. DECEE	kind of v	USUAL Or vork done			ng	16b.	KIND OF BU	JSINESS/INDU	ISTRY		
COMPLET	N / A	Collega (1-4 or 5+	N/		o rounou.					N	/A			
ш	17. FATHER'S NAME (First, Middle, Last)								ME (First, A	liddle, Maidei L	n Surneme)			
TO B	19a. INFORMANT'S NAME (Type/Print) NANCY HILL										MD. 2			-
	20. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	20b. PLACE OF NEW CAT	HED	RAL	cemi	TER	metory or			TIMORI			-
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Z.C.		22. LF	NAME AN	M. 8	SS OF FA	SSELL	C. W	ITZKE	FUNE	RAL HOMES	
	23. PART I. Enter the diseeses, Di shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition	complications that	caused the death se on each line.	Do r		the mo	de of dy		h es card				Approximate interval Betwee Onset and Deat	n
NO	resulting in death) Sequentially list conditions,	tree .	OR AS A CONSEQUE	do	-	-	NEV	Mar	N				~ SMN	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	(OR AS A CONSEQUE											
ERT	reaulting in death) LAST	d												
MEDICAL	PART II. Other algorificent condition	ona contributing to	deeth but not resu	ulting	In the ur	nderlyln	g cause	given in	Part I.	24a. WAS AI PERFO	RMED?		WERE AUTOPSY FINDINGS WALLABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? YES 2 NO	5
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	NOSPITAL:	ER/Outpatient 3 🗆	DOA	OTHEI	R:			8 Che					
PHY	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY 2	8b. TIM		28c. INJ			1		INJURY OCC	URED		-

EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) patient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation M 28a. PLACE OF INJURY — A1 home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide

CERTIFYING PHYSICIAN: To the best of my prowiedge, death occurred at the time, date and place, and due to the cause(a) and manner ee stated.

2 MEDICAL EXAMINER On investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IZEM 27) (Type, Print)

ST. AGNES HOSPITAL, BALTIMORE, MARYLAND

31. DATE FILED (Month, Day, Year) FFR 20 1990 32. REGISTRAR'S SIGNATURE

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rector,		rmust
IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa		sm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
n by the	removal.	edical e
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y fill	tion,	the
ompletel	rurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	event,
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After	death	mai
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REGISTRAR	STATE OF MARYLAND /	ERTIFICATE	E OF DEATH	REG		- 1	
1. DECEDENT'S NAME (First, Middle, Last)	LEWIS	ICKINLEY	HINTON	2. DATE OF DEA	DAY2-16:	199	5 3 5:30 p
7213-18-3871-1	SEX 6. AGE (In yrs. last	t birthday) IF UNDER WONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRT		North	n Carolina
9a. FACILITY NAME (II not institution, give street	en WA Hospital		TOWN OR LOCATION OF D	DEATH		TY OF DE	EATH .
10a. STATE 10b. COUNTY Maryland		Baltimo					10d. INSIDE CITY LIMITS?
3703 Sequoia Avenue			101. ZIP CODE 21215		10g. CITI		HAT COUNTRY?
	2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1XX YES 2 N IF YES, GIVE WAR OR DATES WWII	10	WAS DECENDENT OF HISP/ It yea, specify Cuban, Maxic 1 YES 2 X NO Spec	can, Puarto Rican, et	fy Yea or No-	14. RACE Black,	- American Indian, White, atc.
15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	npleted) (Gi College (1-4 or 5+)	. Do NOT use retired.)	during most of working	16b. KIND O	F BUSINESS/IND	USTRY	
17. FATHER'S NAME (First, Middle, Last)		TCKTAVIT	g & Masonry 16. MOTHER'S N	IAME (First, Middle, M	talden Surname)		
Lewis McK. Hinton,				lie Mial			
Joseph W. Hinton			s (Street and Number or Rura				5
20a. METHOD OF DISPOSITION Durlet 2 Cremation 3 Ramova	20b. PLACE	OF DISPOSITION (No	ame of cemetery, crematory or		c. LOCATION —		
	I from Utees other pla						
21. SIGNATURE OF FUNERAL SERVICE OCEN 23. PART I. Enter the diseases, Dr con	Arbu Arbu Arbu Arbu Arbu Arbu Arbu Arbu	tus Memori 22. Ma 41.	rial Park NAME AND ADDRESS OF F arshall W. C 101 Edmondso the mode of dying, su	Jones, Jr On Avenue	, Balti	al H	Approximate
21. SIGNATURE OF FUNERAL SERVICE OCEN 23. PART 1. Enter the diseases, Dr conshock, or heart fellure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	nto Arbu	eath. Do not enter	name and address of Farshall W. 3	Jones, Jr On Avenue	Funer Balti	al H	Approximate Interval Between
23. PART I. Enter the diseases, Dr conshort Enter the diseases, Dr conshort Enter the diseases, Dr conshock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition	Arbu	eath. Do not enter.	name and address of Farshall W. 3	Jones, Jr On Avenue	Funer Balti	al H	Approximate Interval Between
23. PART I. Enter the diseases, Dr conshorm shock, or heart fellure. Lis immediate ceuse. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events	DUE TO (OR AS A CONSECUENT OF AS	ettus Memorial 22. M. d.	NAME AND ADDRESS OF F Arshall W. C 101 Edmondso the mode of dying, su	n Part I. 24a. W	Funer Balti	cal Himore	Approximate Interval Between
23. PART I. Enter the diseases, Dr conshows the second shock, or heart fellure. Lis immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) PART II. Other significant conditions of the cause of the	DUE TO (OR AS A CONSECUTIVE TO	DUENCE OF): OTHER OTH	NAME AND ADDRESS OF FARSHALL W 101 Edmondso the mode of dying, su the mode of dying, su 26. PLACE OF DEATH (CR. 128. INJURY AT	n Part I. 24a. W Pl	AS AN AUTOPSY ERFORMED?	cal Himore	Approximate Interval Between Onset and Death
23. PART I. Enter the diseases, Dr conshort shock, or heart fellure. Lis immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the caus	DUE TO (OR AS A CONSECTION OF THE PROPERTY OF	DUENCE OF): DOUBLE OF INJURY M	NAME AND ADDRESS OF FARSHALL W 101 Edmondso the mode of dying, su the mode of dying, su the mode of dying, su 26. PLACE OF DEATH (C R: 1010R	n Part I. 24a. W pl	AS AN AUTOPSY ERFORMED? VES 2 NO	cal Hamore est,	Approximate Interval Between Onset and Death
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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THOOTH C II		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at as
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DRECTOR: After this certinicate has been signed by the attending physician and completely miled in by the runeral difference.		examiner
n by me	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dicai
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and c	o buria	umatic
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	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPART	MENT OF HI		MENTAL HYGIEN REG. NO		50	0408
	1. DECEDENT'S NAME (First, Middle, Last)	24	HARRU)	asmin	e Meade	2. DATE OF DEATH	×4 .	YEAR 2	WE OF DEATH
	X SOCIAL SECURITY NUMBER	1 🗆 M 2 🗓	O YAS.	MONTHS DAYS	FUNDER 24 HRS.	17	90	Country) MAF	State or Foreign
TOR	90. FACILITY NAME (If not institution, give UNIVERSITY D		HOSPITAL	96. CITY, TOWN OF	TIMO			LTIME	ORE CIT
DIRECTOR	10a. STATE 10b. COUNT	Υ		TOWN OR LOCATI	ON				INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 4123 THE ALAMED	A		10f.	ZIP CODE 21218		10g. CITIZ	EN OF WHAT C	
₽¥	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES ZX NO	If yes, spe	NDENT OF HISPAI city Cuban, Maxica 2) NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No—	14. RACE — Am Black, White Specify:	nerican Indian, e, atc.
ETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e, DECEDENT'S L (Give kind of we life. Do NOT use	JSUAL OCCUPATION ork done during most retired.)	t of working	16b. KIND OF BU	SINESS/INDU		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		INFAN	T	18 MOTNER'S NA	ME (First, Middle, Maiden	NA		
BE C	DEREK MEADS				MICHE		′		
TO E	198. INFORMANT'S NAME (Type/Print) MICHELLE HARRI	5				Route Number, City or Tow I MORE MD	n, State, Zip (Code)	
	20a. METNOD OF DISPOSITION 1		20b. PLACE OF DISPOSI other place) GREENMOUT	TION (Name of cem	etery, cremetory or	20c. LO	CATION — C	Elty or Town, St	ata
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	GREENMOOT		ADDRESS OF FA		TIMORI		
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Extremo DUE TO (O) DUE TO (O) Prend C. Preun	on each line. The Prew A S A CONSEQUENCE OF	re **	ty.	n se ostuiso on resp	natory arre		Approximate Interval Betwe Onset and Dea
MEDICAL	PART II. Other significant condition	na contributing to de	eath but not resulting in	n the underlying	cause given in	Part I. 24a. WAS AN PERFOI	RMED?	AVAIL COMP	AUTOPSY FINDING ABLE PRIOR TO LETION DF CAUSE EATN? YES 2 \(\bigcap \) NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (CA	neck only one)			
IYSIC	1 TYES 2 11-110		R/Outpatient 3 DOA	-		8 Cher (Specify)			
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	Year) INJU	JRY WOI		28d. DESCRIBE HOW	INJURY OCC	URED	
ETED	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF I building, etc	NJURY — At home, farm, at :. (Specify)	treet, factory, office		28f. LOCATION (Street City or Town, State	and Number (or Rural Route N	lumber,
COMPLE	nee)		knowledge, death occurred						menner es stated,
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	elly ,	us.		29c. LICENSE NU	MBER 73\	29d. DATE	SIGNED (Month	1, Day. Year) (-90.
	30. NAME AND ADDRESS OF PERSON WI MARTIN J. KEL 31-DATE FILED (Month), Day, Year)	LY md.	22 5.6	Print) ZEENE	ST,	BALT. N	nd	212	01
	FFB 2 0 1990 Ju	12. REGISTRAR	fandale						DHMH-18 Rev

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-1146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	or death. Page 6 may be retained by the hospital or attend to
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the time of fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to brids, cremation, or removal.	the funeral director, page 5 should be detached for use as 11 minutes and 12.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FIN

1. DECEDENT'S NAME (First, Middle, Lest,	HORSE	LAIRE U. 1	HORST		2. DATE OF DEATH FEB. 19,	**1990	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-03-2940 A	1 - M 2 - F	80 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. NOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) NOV . 25, 1	909	MAR	YLAND
9a. FACILITY NAME (If not institution, give SINAI HOSPITAL RESIDENCE OF DECEDENT	street and number)			IMORE	EATN	9c. COU	NTY OF D	DEATN
10a. STATE 10b. COUN	ALTIMORE		y, town or locat ATONSVIL					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
338 STRATFORD ROA	AD		101	21228		10g. CITI	U.S	MHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR		If yes, sp		NIC ORIGIN? (Specify in, Puarto Rican, atc.) y:	Yea or No	14. RACI Black Spec	E — American Indian, k, White, etc.
15, OECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 1 2	UCATION de completed) Collège (1-4 or 5+)	16a. DECEDENT'S (Give kind of ville. Do NOT us HOUSEW)		ost of working	OWN H	OME	DUSTRY	
17. FATHER'S NAME (First, Middle, Last) ABRAHAM ULLMAN 190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	JULIA	ME (First, Middle, Maid	- 84	Code	
DANIEL HORST 20a. METHOD OF DISPOSITION			STRATFOR	D ROAD, C.	ATONSVILL		RYLAI	
1 X Buriet 2 Cremation 3 Res		DULANEY VA			1000			ARYLAND
21. SIGNATURE OF FUNERIAL MERVICE L	ICENSEE			ND ADDRESS OF FA		110111101	.,	
23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final	w X	sed the death. Do n	LEROY 1630	M. & RUS: EDMONDSOI	SELL C. W N AVENUE,	ITZKE CATONS	FUNI	ERAL HOMES LE, MD.2122
23. PART I. Enter the diseases, or shock, or heart fellure	e. DUE TO (OR AS	sed the death. Do n	22. NAME AIL LEROY 1630 not enter the mo	M. & RUS: EDMONDSOI	SELL C. W N AVENUE,	ITZKE CATONS	FUNI	ERAL HOMES LE, MD.2122
23. PART I. Enter the diseases, or shock, or heart fellure immediate cause or condition resulting in death) Sequentielly lifet conditione, it eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	e. DUE TO (OR AS	S A CONSEQUENCE OF	22. NAME AIL LEROY 1630 not enter the mo	ND ADDRESS OF FAM. & RUS; EDMONDSOI	SELL C. WN AVENUE, has cardiec or re-	ITZKE CATONS	FUNI SVILI	ERAL HOMES LE, MD.2122 Approximate interval Betwee Onset and Das
23. PART I. Enter the diseases, or shock, or heart fellure immediate CAUSE (Finel disease or condition resulting in death) Sequentielity liet conditione, it eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST PART II. Other significent conditions.	complications that cause. Liet only one ceuse on DUE TO (OR As DUE TO (O	S A CONSEQUENCE OF	22. NAME AI LEROY 1630 not enter the mo	ND ADDRESS OF FAM. & RUS; EDMONDSOI	Part I. 24a. WAS PERI 1 YES	TTZKE CATONS spiretory arr	FUNI SVILI	Approximate interval Betwee Onset and Dasi
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23. PART I. Enter the diseases, or shock, or heart fellure immediate CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditione, it eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa resulting in deeth) LAST PART II. Other significent conditions in the conditions of the conditions	complications that cause. Liet only one ceuse on DUE TO (OR AS DUE TO (O	S A CONSEQUENCE OF S A CONSEQUEN	22. NAME AI LEROY 1630 not enter the mo C. 1630 The second of the underlying the un	DADDRESS OF FAM. & RUS: EDMONDS OI de of dying, suc A	Part I. 24a. WAS PERI 1 YES Other (Specify) 28d. DESCRIBE NOT City or Rown, St.	AN AUTOPSY ORMED? 2 NO W INJURY Occ wet and Number as state, and due to the	FUNISVILI est, 24t cured or Rural	Approximate interval Betwee Onset and Das On

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TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		C	ERTIF	ICAT	E OF	DEAT	ГН	1	REG. N			
1. DECEDENT'S NAME (First, Middle, Last)				12.	100			2. DATE	OF DEATN			3. TIME OF DEATN
Lois Henry								MONT	1	DAY	YEAR	12 NOON M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDE	B 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTN		8. BIRTI	IPLACE (State or Foreign
212-07-7399	1 M 2 X F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	0C	h, Day, 1697)	1908	Count	diana
Se. FACILITY NAME (If not institution, give a	treet and number)			9b. CIT	Y, TOWN C	OR LOCATION	ON OF DI			7	INTY OF C	
Union Memorial H	ospital			В	alti	more	Cit	У				
RESIDENCE OF DECEDENT												
Mararel and	1				OR LOCAL							10d. INSIDE CITY LIMITS?
Maryland			Bo	diti		City						1 X YES 2 NO
700 W. 40th St.					101	212				10g. CIT	USA	VHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEOE!	NT EVER IN U.S. AT	RMED	13.	WAS DEC	ENDENT C	F NISPAI	NIC ORIGI	N? (Specify Y	es or No	14. RACI	E — American Indian,
1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES?	MAR OR DATES	NO		If yes, sp	2 XNO	n, Maxica	n, Puerto	Rican, etc.)		Spec	k, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, Di	ECEDENT'S Sive kind of	USUAL C	OCCUPATIO	ON est of working	70	168	. KIND OF B	USINESS/IN	OUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 years	+)	Secre						Rail	road		
17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First,	Middle, Maide	n Surname)		
Claude G. Wilcox							-		Dawsor			
190. INFORMANT'S NAME (Type/Print) Claude G. Wilcox			17E						OWSON:		212	204
20e. METNOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE other p	(ace)					arde	-	ocation –		Maryland
21. SIGNATURE OF THE VAL SERVICE-LK	ENSEE		0						d Home			
rames F. Bu	rnside,	Jr.	为 ,	6	500	York	Rd.	Ba	ltimor	re, Mo	1. 2	21212
23. PART I. Enter the diseases, or	complications the	at coused the d	eath. Do	not ente	r the mo	de of dy	ing, suc	h es car	diac or res	piratory ar	rast,	Approximata
ahock, or heart failure. IMMEDIATE CAUSE (Final	ciat only one ca	nae ou eacu iiu	е.									Onset and Death
disease or condition resulting in death)	· Cov	apstre	2 H	YOU	+	Fail	LIVE	,				1) don
testing in death)	DUE TO	OR AS A CONSE	OUENCE O			1411	Ol 4					1 may
	P.	Neuma	nia									14 days
Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):								1.00
CAUSE (Disease or injury	c	Topivat	ion									19days
that initiated events	DUE TO	(ORIAS A CONSE	OUENCE O	F):								11
resulting in death) LAST	d. / Mu	1- (-VA	-5								19 years
PART II. Other significant condition	s contributing to	death but not	resultino	In the II	nderivin	n callan n	givan in	Part I	24a WBS /	IN AUTOPSY	241	. WERE AUTOPSY FINDINGS
									PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
		-		-					1 TYES	5,40 NO		OF DEATH?
								_				1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26 0	ACE OF D	EATN ON					
EXAMINER?	HOSPITAL:			OTHE	R:	ACE OF D				-		
1 YES 2 NO	26e. DATE O	ER/Outpatient					aldence		er (Specify)			
1 Netural 5 Pending	(Month, I		26b. Tilk	JURY M		PRK?	NO	200. OE	SCRIBE HOV	INJUNT OC	CUNEO	
2 Accident Investigation 3 Suicide & Could not be	28e. PLACE	OF INJURY At h	ome, ferm.	street, fac				26f. LO	CATION (Street	and Number	or Rumi	Route Number.
4 Nomicide 6 Could not be detarmined	building	, atc. (Specify)	, re-1-19		,				or Town, Sta		A CHARTINE	TENTON,
29a. CERTIFIER 1 CERTIFYING PNYS	CIAN; To the best o	f my knowledge, d	eath occur	red at the	time, date	end plece	, end due	to the co	use(e) end n	enner se str	rted.	
one) 2 MEDICAL EXAMINE												a) end manner ee stated.

29c. LICENSE NUMBER

urs after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Towns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DNMN-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DS, P.	S. BOX	13146,	BALTIMORE, MARYLAND 21203-3146	JARYLAND 2	21203-3146	(e	U
L. DR. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or amend to be	it the death of	ertificate be e	xecuted within 24 n	ours after death. Page 6 may be n	etained by the hospita	al or attending plan-	-	1	
L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for twe services that the permitted of the services	by the attend	ing physician	and completely filled	in by the funeral director, page 5	should be detached	for use as the bolt	Lummannermit. Pages 1, 2, 3 st.	pand	
hours after death with the State Dept. of Health a	ind Mental H	rgiene prior to	, of Health and Mental Hygiene prior to burial, cremation, or removal.	r removal.		1	1		
Heam 20 is marked as item 23 shows only infinity or other traumotic avent the marked as marked as assisted at some	villation or	when trans	safe avant the r	nadical avaminar must be a	niified of once	,			

										90 04083	
	FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF N			MENT OF H			MENTAL HYGIE REG. N			
	JOHNN:	TE	HA	N	SON,	5	R.	2. DATE OF DEATH		EAR 10:59 M	
	4. SOCIAL SECURITY NUMBER 241-20-5967	5. SEX	6. AGE (In yrs. lest birt		IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 5/13/20	8.	BIRTHPLACE (State or Foreign Country) NC	
ron	9a. FACILITY NAME (If not institution, give s NORTH ARUNDEL H				GLEN E				9c. COUNTY	OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY	1	10		TIMORE	TION				10d. INSIDE CITY LIMITS? 1 \(\subseteq \text{ YES } 2 \subseteq \text{ NO} \)	
FUNERAL	100. STREET AND NUMBER 1613 N. DURHAM S	TREET		D/ (C		21 21P	213			N OF WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1' IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO WAR OR DATES)	If yes, sp		an, Mexica	NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	lea or No 14	RACE — American Indian, Black, White, atc. Specify: BLACK	
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 d	(Give k	ind of wo NOT use	ISUAL OCCUPATION done during monetimed.)	ost of work	Ing		USINESS/INDUS	TRY	
DMP	17. FATHER'S NAME (First, Middle, Last)			K10	GER DEF	7	HER'S NA	BETHLEH			
BE C	WILLIE HAN	SON						ROW	ar ournamy		
TO B	190. INFORMANT'S NAME (Type/Print) MARY HANSON					and Numbe	or or Rural	Route Number, City or TO			
J.	20a. METHOD OF DISPOSITION X Surial 2 Cromation 3 Rem	oval from State	other place)		TION (Name of ce					y or Town, Stata	
	4 Donation 5 Other (Specify)	CENSEE	ARBUTU:	5 MF	MORIAL 22. NAME A		-		RBUTUS	, MD	
	> 40 0	1.0									
	23. PART I. Enter the diseases, or shock, or heert fellure.	complications that List only one cau	it caused the death	. Do no				F/H 1101 th as cardiec or res			
	immediate cause (Final disease or condition resulting in death)	e. ACU	TE (C	NCE OF	ONAR	4	INS	SUFFICI G	ENCY	SECUND	
ERTIFICATION	disease or condition resulting in death)										
MEDICAL C	PART II. Other algoriticent condition	contributing to		ilting ir	the underlyin	g cause	given in	Part I. 24a. WAS / PERF 1 TYES	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Privourpationt 3 🗆		OTHER:			s Other (Specify)		1 YES 2 NO	
РНУ	27. MANNER OF DEATH	28a. DATE OF (Month, D		Bb. TIME	OF 28c. IN.	JURY AT		28d. DESCRIBE HOV	V INJURY OCCU	RED	
В	Natural 5 Pending 2 Accident Investigation	DAG PH ACE O	NE MARKET ALL LAND			YES 2	□ NO				
ETED	3 Suicide 8 Could not be 4 Homicide determined		OF INJURY — At home, etc. (Specify)	morn, st	treet, factory, offic	ce		28t. LOCATION (Stree City or Town, Sta	of and Number or te)	Rural Route Number,	
COMPL	CONSUM ONLY	_						a to the cause(s) and no time, date and place,		cause(a) and manner as stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIE	e		1.1	l,	29c, LIC	33	75 7	29d. DATE S	SIGNED (Month, Day, Year) - 17-90	
TO	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAU	SE OF DEATH (ITEM 2	TO (Type,	Print)	98	AS	nowton	1 pe	m sopr	
	FFR 20 1990 Ju	32. REGISTRA	AR'S SIGNATURE —REMOLES	-							

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recting		H H
HRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di		tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in
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After	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mai
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ECH	50	12
DIR	DOL	ten

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, La. Mary Harl	MARY M.	. HALL			2. DATE OF DEATH MONTH	8 90		
	4. SOCIAL SECURITY NUMBER 217-20-4793 98. FACILITY NAME (If not institution, gh	1 M 2 F	(In yrs. lest birthday) YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF DI	7. DATE OF BIRTH (Month, Pay, Year)		RTHPLACE (State or Foreign buntry) MD	
TOR	MERCY HOSPITA			BALTI			9c. COUNTY O	PUEATH	
DIRECTOR	10s. STATE 10b. COU	NTY		Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?	
AAL D	10e. STREET AND NUMBER			BALTIMOR 10	f. ZIP CODE		10g. CITIZEN C	1 X YES 2 NO	
BY FUNERAL	2304 W. MT. RO	YAL TERRACE 12. WAS DECEDENT EVER II FORCES? 1 YES, GIVE WAR OR D.	2 XNO	If yes, s	CENOENT OF HISPAI	1217 NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:	В	USA ACE — American Indian, lack, White, atc. pocity BLACK	
COMPLETED	15. DECEOENT'S E (Specify only highest or Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u		ON ost of working	166. KIND OF BU	SINESS/INDUSTR		
BE COM		ATH			16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	I E I	
10	BESSIE V. GA		2304	MT ROYA	LTERRACI	Poute Number, City or Town	E. MD	21217	
	20e. METHOD OF DISPOSITION 1 X) Burlel 2 Cremation 3 R 4 Denetlog 5 Other (Specify)	amoval from State	other place) (ING MEM	DRIAL PA	RK	RAN	DALLSTO		
	of alone Z.	Williams		110000	ND ADDRESS OF FA	F/H 1101	E. NORTI	H AVENUE	
	23. PART 1. Enter the diseases, ehock, or heert fellur iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. PULMONAL DUE TO (OR AS A	ech line.	alus	ode of dying, suc	ch as cardiec or resp	iratory arreat,	Approximate intervel Between Onset and Death (Sacrys) (clays)	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events recuiting in deeth) LAST	a. Anemia oue to lor as a c. An euma Due to lor as a d. diastolic	A CONSEQUENCE O	PF):	lov dys		22ws		
CAL	PART II. Other eignificant condit		out not resulting	in the underlying	g ceuse given in	Part I. 24a. WAS AN PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 700 27. MANNER OF DEATH	HOSPITAL: Linpetient 2 ER/Out; 26s. OATE OF INJURY (Month, Day, Year)	26b. TIA	OTHER: 4 Nursing Hot AE OF 26c. IN	LACE OF DEATH (C/	6 Cther (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	D	
ED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spe	Y — At home, farm,	M 1 🗆	YES 2 NO	261. LOCATION (Street City or Town, State		iral Route Number,	
COMPLET	one)	IYSICIAN: To the best of my know						se(s) end manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTI	WZ			29c. LICENSE NU	MBER	≥ 2/	NEO (Month, Day, Year) 18/90	
	30 NAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year)	WHO COMPLETED CAUSE OF DE	Horp,		Pauls	+ Bal	+ m	5	
	FEB 2 0 1990 4	ulia Vavidson-Rand						OHMH-16 Rev 1/89	

((The second)
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withincours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transported by the attended to the filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIE			
Joseph G. Hub				2. DATE OF DEATH	DAY YE	3. TIME OF DEATH 1542 PM	
4. SOCIAL SECURITY NUMBER 216-44-338 98. FACILITY NAME (If not institution,	3 1 M 2 0 F	69 YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS NOURS MIN. TY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day Year)	0.1	BIRTHPLACE (State or Foreign Country) MARY / AND OF DEATH	
RESIDENCE OF DECEDER		10c. CITY, TOW	OR LOCATION	16		10d. INSIDE CITY	
MARYLAN d		Balt	I MORE		I 10a CITIZEN	LIMITS? 1 PYES 2 NO OF WHAT COUNTRY?	
11. MARITAL STATUS 1 M Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES, GIVE WAR OR DO	2 NO	2/2 2 3. WAS DECENDENT OF HISPA If yes, appelfy Cuben, Maxic 1 YES 2 NO Speci	an, Puarto Rican, etc.)	UNI	A	
15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Le		life. Do NOT use retired	ne during most of working		Posta	1 Service	
17. FATHER'S NAME (First, Middle, La	1.6 1	Lenen		AME (First, Middle, Maid			
19a, INFORMANT'S NAME (Type/Prin	- Huber	19b. MAILING ADDR	Ros. ESS (Street and Number or Rural	Alie	bwn, State, Zip Coo	110	
William John	Huber	122 N. M	lant ford	tue BA	ITU., 14	1. 21224	
20a, METHOD OF DISPOSITION 1 Buriet 2 Cremation 3 4 Donetion 5 Other (Specify	Removal from State	other place) He L	(Name of cometery, crematory or Redeem		341Ti	or Town, Stata MORE.Md.	
21. SIGNATURE OF FUNERAL SERV		0	12. NAME AND ADDRESS OF F. MARK A. C. SOU E. LON	HOJNAC	thi F.	14-	
shock, or heert fa IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequantielly list conditions, If any, leading to immediate cause. Enter UNDERLYING	Dias	CONSEQUENCE OF):	enforctions ellette			Approximate interval Between Onset end Death	
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other significant conditions are supported by the significant conditions are s	<u>ditione</u> contributing to death b	ut not resulting in the	underlying cause given in	PERF	AN AUTOPSY CORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDI EXAMINER?			26. PLACE OF DEATH (C	heck only one)			
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outs 28e, DATE OF INJURY	Detient 3 DOA 4 1	Nursing Home 5 Residence	6 Other (Specify)	W III III W OOCH	AFD.	
1 Natural 5 Pendin	(Month, Day, Year)	INJURY M	WORK?	26d. DESCRIBE HO	W INJURY OCCUR	URED	
0 0 0 0 1 1 1 1	ot be building, atc. (Spec	— At home, farm, street,	factory, office	281. LOCATION (Stree City or Town, Sta		Rural Route Number,	
anal .	PHYSICIAN: To the best of my know AMINER: On the best of examination						
296. SIGNATURE AND TITLE OF CE	ATTIFIER //	MO	29c, LICENSE NO. 5.	IMBER 545	29d. DATE S	IGNED (Month, Pey, Year)	
30. NAME AND ADDRESS OF PERS	SIUNG HSU.		1900.8	north.	em Pa	chury	
FFR 2 0 1990	Julia Davidson-10	ndell			Bul	118 (M. June	

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	HIII	ICALE	· Ur	DEA			REG. NO.			
		BELLE	IRO						2. DATE OF MONTH	12	Y	YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 251-34-6879	5. SEX 6.	AGE (In yrs. lest	birthday) YRS.	MONTHS MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, 1		2	8. BtRTHI Country	S. C.
OR	90. FACILITY NAME (If not institution, give s 1522 AISQUITH ST						ORE		ATH		9c. COU	NTY OF DE	EATH
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ			v, town o		1011						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL I	100. STREET AND NUMBER 4619 Old Freder	ick Road				101	ZIP COD					ZEN OF W	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 N	MED	1	f yes, sp		n, Mexica	IIC ORIGIN? n, Puerto Ric /:		or No—	14. RACE Black Specif	- American Indien, Whita, atc.
COMPLETED	15. DECEDENT'S EOL (Specify only highest grade Elementary/Secondary (6-12)	CATION o completed) College (1-4 or 5+)	(G/	ve kind of	USUAL Of work done of se retired.)	CCUPATIO	ON ist of worki	ng	16b. K	IND OF BUS	BINESS/IND	DUSTRY	
	17. FATHER'S NAME (First, Middle, Last) Joseph P. Irons								ME (First, Mich		Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) Louise Jefferson	1	198	2819	Hill	dal	Number	or Rural I	Route Number B a	altimo	ore,	(Code) Md 2	1215
	29s. METHOD OF DISPOSITION 1		206. PLACE other ple	ece)	Memo	ria	l Pai	^k			utus,		wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LI	_ ^					. MAI		F/H 4:	300 W.	ABASH	l AVE	INUE
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardinated abook, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) a. Differentiated above to (or as Adonseouence of): b. Due To (or as Adonseouence of): b. Due To (or as A conseouence of): CAUSE (Disease or Injury that initiated events resulting in death) LAST								Interval Between Onset and Death				
EDICAL CER		resulting in the underlying cause given in				PERFORMED?			24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
2	1 YES 2 NO COMPLETION D												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	200-1-1-1		ОТНЕ	R:			eck only one)			-	
	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 Inpe	JURY	28b. TIA	-	28c. IN.	JURY AT ORK?		8 Other	RIBE HOW I	NJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homtcide determined	28e. PLACE OF If building, atc		me, farm,	street, fac	tory, offic	20		281. LOCATION (Street end Number or Rural Route Number, City or Town, State)				Route Number,
COMPLETED	ene)	ER: On the best of my											s) end manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE						29c, LIC	38	A CO		29d. DAT	2 / /	(Month, Day, Year)
	31. OATE FILED (MODIT) OF WALL STATES OF THE		0	M 27) (Typ	e, Print)		-						

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plan 6 may be interested by the house and completely filled in by the funeral different base. Subour be directled for use as me be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

FEB 2 0 1990

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		TIMENT OF		MENTAL HYGIR					
	1. DECEDENT'S NAME (First, Middle, Last)	TT 200	ERINE	A. ITZ	Œ			YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 215-30-4711	5. SEX 8. AGE (In yrs. Is	yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV . 2]		BIRTHPLACE (State or Foreign Country) MARYLAND			
	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN	OR LOCATION OF E		1	Y OF DEATH			
TOR	ST JOSEPH RESIDENCE OF DECEDENT	HOSPITAL		Tows	on n	D	BAI	It: more			
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY			
	MARYLAND			BALTIM				LIMITS?			
MAI	10e. STREET AND NUMBER				of. ZIP CODE	-		EN OF WHAT COUNTRY?			
BY	815 N. I.AKEWOOT 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced) AVENUE 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 T IF YES, GIVE WAR OR DATES		If yes, i		ANIC ORIGIN? (Specify can, Puerto Rican, etc.)	Yea or No 1	. S . A . 4. RACE — American Indien, Black, White, atc. Specify: WHITE			
TED	15. DECEDENT'S EDUC (Specify only highest grade of	completed) ((ECEDENT'S Give kind of fe. Do NOT u	WORK done during reserved.)	ION nost of working	16b. KIND OF	BUSINESS/INDU	ISTRY			
PLE	Elementery/Secondary (0-12)	College (1-4 or 5+) NA	TEXT	ILE WEA	VER	CLOTHIN	IG MANU	FACTURER			
MO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, Middle, Mak	ien Surname)				
ш	WALTER BLATCHLEY CATHERINE KELLY										
BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED	19a. INFORMANT'S NAME (Type/Print)	AV/P									
F	MURRELL E. ITZOR	E - HUSBAND	815	N. LAK	EWOOD, B	ALTIMORE,	MD. 21	205			
	20e. METHOD OF DISPOSITION	20b. PLACI	E OF DISPO	SITION (Name of c	emetery, crematory or	20c.	LOCATION — C	Ity or Town, Stata			
	1 S Buriel 2 Cremation 3 Remo	oral nom sum		ARKWOOD			BALTIM	ORE , MD.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, INC. 3331 BREHMS LANE, BALTIMORE, MD. 21213 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
		a. CARD A DUE TO (OR AS A CONS	ie.		7			Interval Between Onset and Deeth			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSI	EQUENCE O	Acute	MYOCH	ADIAC,	WEAD	20710			
AL	PART II. Other significant conditions	e contributing to death but not	resulting	in the underly	ng ceuse given (PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ä											
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	3 🏻 DOA	OTHER:	PLACE OF DEATH (Check only one)					
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28d. DESCRIBE HO	W INJURY OCC	URED							
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm,	street, factory, of	fice	28f. LOCATION (Str City or Town, S.	eet and Number (late)	or Rural Route Number,			
COMPLETED	one)	CIAN: To the best of my knowledge, R: On the basis of examination and/o									
BE	296. SIGNATURE AND TURE OF CENTRIES	non 1	0:	11	29c LICENSE N	32/5-	29d. DATE	SIGNED (Month, Day, Year)			
5	TO TOME AND ADDRESS OF PERSON WAS	MICOMPLETED CAUSE OF DEATH OF	EM 273 /Ten	e Priori	-	-		, , , , , , , , , , , , , , , , , , , ,			

200000		once.	
2		10	l
2000		notified	
lb II		90	I
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		IT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on.	
50	r remova	edical	
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	ourial, i	tic ev	
1000	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bur	trauma	
	Hygiene	r other	
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FOR

	1 - STATE OF MARYL REGISTRAR		RTMENT OF		MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Lest) M. Helen Jednorski				2. DATE OF DEATH MONTH		year 11:35 A m			
	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	(In yrs. last birthda	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) JUNE 22		BALTO MD.			
	9s. FACILITY NAME (If not institution, give street and number)			N OR LOCATION OF DE		9c. COUNTY	Y OF DEATH			
	Union Memorial Hospital			more, City	·					
DINE	MARYLAND BALTIMORE	10c. C	ALTIMORE	, MD.		10d. II				
TAL.	10e. STREET AND NUMBER			10t. ZIP COOE			N OF WHAT COUNTRY?			
	112 MANOR AVENUE 11. MARITAL STATUS 12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS	21206 DECENDENT OF NISPAI	NC ORIGIN? (Specify	USA Yes or No.— 14	I. RACE — American Indien,			
DI	1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR D.	2 7.10	If yes.	Black, White, stc. Specify:						
רבו בנ	15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+)	(Give kind	'S USUAL OCCUP of work done during ' use retired.)	NTION most of working	BUSINESS/INDUS	SINESS/INDUSTRY				
200	17. FATNER'S NAME (First, Middle, Last) PETER ZAJACZKOWSKI	HOODE		18. MOTHER'S NA HELE	ME (First, Middle, Maid					
2	190. INFORMANT'S NAME (Type/Print) FLORIAN JEDNORSKI			et and Number or Rural						
				cemetery, crematory or		20c. LOCATION — City or Town, State				
		ARDENS (CEMETERY AND ADDRESS OF FA		ALTIMOR	E, MD.			
	Marting Depol	X.	DIF	PEL FUNER	AL HOME,		MD. 21206			
TICALIOIN	23. PART I. Enter the disease, or complications that cause abock, or heart failure. List only one cause on a IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ACONSEQUENCE A CONSEQUENCE A CONSEQUENCE	PL IN 1019: 276 RY 109:	NFAPCTII DISEASE		apiratory arres	t, Approximate Interval Between Onset and Death			
CENT	resulting in death) LAST									
MEDICAL	SEPTICEMIA SEPTICEMIA			ying cause given in	Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
כושוגי	25. WAS CASE REFERREO TO MEDICAL EXAMINER?			. PLACE OF DEATH (C)	eck only one)					
2	1 VES 2 KNO 1 Inpetient 2 ER/Out			lome 5 Residence						
	1 Neturel 5 Pending (Month, Dey, Year) 2 Accident Investigation	1 DS Natural 5 Pending M 1 YES 2 NO								
2012	3 Suicide 6 Could not be 4 Nomicide determined 28e. PLACE OF INJURY building, etc. (Spe	Y — At home, fam cify)	m, street, tactory,	ffice	28t. LOCATION (Str. City or Town, St	et and Number or ate)	r Rural Route Number,			
Cint	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination									
70	29b. SIGNATURE AND TITLE OF CERTIFIER	MB		29c, LICENSE NU	MBER	29d. DATE 5	29d. DATE SIGNEO (Mpnih, Day, Year)			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE		YPO. Print) RE	HIT VAR	LMA ME		NY, PARTIMORE			
	31. OATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGN	NATURE		, 10	0.10	. (20	3 (13)			
	FEB 20 1990 Julia Truide Pan	dal					DHMH-16 Rev 1/89			

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ii.	, the medical examiner must
burial, cremation, or removal.	medical
ition,	the
II, crema	event,
æ	d, or item 23 shows any injury, or other traumatic event,
Hygiene prior to bu	other t
I	0
Menta	injury,
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of Heal	shows
Dept.	23
State	Item
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ifter death with the State Dept. of Health and Mental Hygiene prior	8 is marked,
er d	-60
#	00

DR.

JOHN

ST. DATE FILED (Mornh, Day, Year) FEB 20 1990

LOH

4. SOCIAL SECURITY NUMBER 5 215-16-6540 1				OF DEAT		2. DATE OF DEATH			. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 5 215-16-6540 1	Marie C. JERZAK					February	17 7	1990	12:23 A		
		(In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER	24 HRS. 7	, DATE OF BIRTH		S. BIRTHPL	ACE (State or Foreign		
	I □ M 2 ⊠ F	88 YRS.	MONTHS D	AYS HOURS	MIN.	18-25-19	901 MA		LAND		
9a. FACILITY NAME (If not institution, give stree	et end number)		9b. CITY, TO	OWN OR LOCATIO	ON OF DEAT	Н	9c. COU	INTY OF DEATH			
FRANKLIN SQUARE	HOSPITAL						Baltimore				
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CIT	Y. TOWN OR I	OCATION			10d, IN				
MARYLAND	ARYLAND						LIMITS				
10e. STREET AND NUMBER	DAL	TIMOR	10f. ZIP CODE			10g. CITI		YES 2 NO			
328 S. PATTERSON	N PK AVE			2123	3 1			USA			
	2. WAS DECEDENT EVER II	N U.S. ARMED		DECENDENT O	F HISPANIC	ORIGIN? (Specify Yee		14. RACE	- American Indian,		
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	ever Merried 2 Merried FORCES? 1 YES 2/			YES 2 NO	Specify:	Puerlo Ricen, atc.)		Specify:	White, atc.		
15. DECEDENT'S EDUCAT (Specify only highest grade con		16a. DECEDENT'S	USUAL OCCU	JPATION	a	186. KIND OF BUS	INESS/INC	DUSTRY			
Elamentery/Secondery (0-12)	College (1-4 or 5+)			ng most of workin	a a						
8 YEARS		HOMEM	AKER								
17. FATHER'S NAME (First, Middle, Last)	500117					(First, Middle, Malden					
RONUALD SIERWI	ERSKI				ANNA						
198, INFORMANT'S NAME (Type/Print) R. THOMAS PRICE		19b. MAILING				the Number, City or Town			01070		
THE WAS WORTH WAT BALLIMONE MD., 21237											
20b. METHOD OF DISPOSITION 1 (S Burlet 2 Cremation 3 Removal from State 4 Oonation 5 Other (Specify) STANISLAUS CEMETERY 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) STANISLAUS CEMETERY 20c. LOCATION — City or Town, State BALTIMORE MD.											
UIGNATURE OF FUNERAL SERVICE UP NOTE: 22 NAME AND ADDRESS OF FACULTY											
KACZOROWSKI FUNERAL HOME											
2525 FLEET ST. BALTO. MD. 21224 ART I. Enter the diseases, Dr complications that coursed the death. Do not anter the mode of dying, such as cerdiec or respiratory erreet, Approximate											
ART I. Enter tha diseases, or con ahock, or heart fellure. Lis	mplications that cause at Dny one cause on a	d the death. Do i	not anter th	e moda of dyl	ng, auch	as cerdlec or respi	ratory en	reet,	Approximate Interval Between		
IMMEDIATE CAUSE (Final											
disease or condition a. Respiratory arrest											
DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, Due to (DR AS A CONSEQUENCE DE):											
If any, leeding to immediate ceuse. Enter UNDERLYING		TOTOLUGE D	,								
CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE O	F):								
resulting in death) LAST											
									+		
PART II. Other eignificant conditions	contributing to death t	out not resulting	in the unde	rlying ceuse o	given in Pa	art I. 24a. WAS AN PERFOR		A	YERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
		1 YES 2	1 YES 2 NO COMPLET								
			-		1	☐ YES 2 ☐ NO					
	HOSPITAL: Y		OTHER:	26. PLACE OF D	EATH (Checi	k only one)					
		4 Nuraln			Other (Specify)						
EXAMINER? V 1 YES 2 NO	Inpatient 2 AER/Out	OOL TIE		Ic. INJURY AT	- 2	28d. DE\$CRIBE HOW INJURY OCCURED					
EXAMINER? V	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY	WORK?	T NO						
EXAMINER? 1 YES 2- NO 1 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)	IN.	JURY M	1 YES 2		PRF. LOCATION (Street)	and Numbe	v or Burni Boi	sta Numbar		
EXAMINER? 1 YES 24 NO 1 27. MANNER OF DEATH 1 Natural 5 Pending	28a, DATE OF INJURY	/ — At home, ferm,	JURY M	1 YES 2		28f. LOCATION (Street and City or Town, State)	and Numbe	er or Rural Rou	ite Number,		
EXAMINER? \ 1 YES 2 NO 1 1 YES 2 NO 1 1 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 20 CENTIFIED 20 CENTIFI	26a. DATE OF INJURY (Month, Dey, Year) 26e. PLACE OF INJURY building, etc. (Spe	f — At home, ferm,	M M atreet, fectory	1 YES 2		City or Town, State)			ite Number,		
EXAMINER? 1 YES 2 NO 1 Natural 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	f — At home, ferm, cify)	atrast, factory	YES 2	, and due to	City or Town, State) the ceuse(e) end mer	nner ee ata	ited.			
EXAMINER? \ 1 \ YES 2 \ NO \ 1 \ 1 \ YES 2 \ NO \ 1 \ 1 \ Natural \ 5 \ Pending investigation \ 3 \ Suicide \ 4 \ Homicide \ 8 \ Could not be detarmined \ 29s. CERTIFIER (Check only)	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	f — At home, ferm, cify)	atrast, factory	1 YES 2	, and due to	City or Town, State) the ceuse(e) end mer	nner ee ata	nted. he ceuse(e) e			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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STEMMERS

32. REGISTRAR'S SIGNATURE

RUN ROAD

BALTIMORE, MARYLAND

617

BALTIMORE, MARYLAND 21203-3146

BY

COMPLETED

BE 2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR		CEF	RTIFIC	CATE	OF D	EAT	TH	RE	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) BABY BOY JONES BOY								2. DATE OF DEATH 241/90 YEAR 3. TIME OF DEATH 90 03 00				
4. SOCIAL SECURITY NUMBER N/A	5. SEX 1 (X) M 2 F	6. AGE (In yrs. last bi	IF UNDER 1 YE	YS H	OURS	24 HRS. MIN. 47	7. DATE OF BI (Month, Day)	1/90	O 8. BI	RTHPLACE (State Suntry) RYLAND	e or Foreign	
ST. AGNES HOSPI	9	96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE					9c. COUNTY OF					
10a. STATE 10b. CO MARYLAND		7		y, town or location BALTIMORE						10d. INSID	3?	
100. STREET AND NUMBER 4605 MANORDENE I	ROAD	RO		10f. ZIP CODE 21229						U.S.	A.	TRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorcad	ed 2 Married FORCES? 1 YES 2 NO					y Cuba	OF HISPAI in, Maxica Specif	ecify Yea or No- , atc.)				
15. DECEDENT'S (Specify only highest (Specify only highest (Specify only highest (N/A))	EDUCATION trade completed) College (1-4 or 5 +	kind of wor o NOT use	SUAL OCCU rk done durin retired.)	PATION g most c	of working	ng		6b. KIND OF BUSINESS/INDUSTRY				
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S N								N/A ME (First, Middle, Melden Surname) ENE JONES				
190. INFORMANT'S NAME (Type/Print) CHARLENE JONES		ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MANORDENE ROAD, BALTIMORE, MD. 21229										
20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 C 4 Donation 5 Other (Specify)	Removal from Stata	DISPOSIT	TION (Name of cometery, cremetory or EDRAL CEMETERY					BALTIMORE, M				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND LEROY N 1630 EI					Y M	ADDRE	SS OF FA	SSELL C	. WITZI	KE FI	UNERAL LLE. MD	HOMES
23. PART I. Enter the diseases, ahock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in death)	ire. List only one cau	t caused the death see on each line. ATU. R. T. (OR AS A CONSEQUE		t enter the	mode	of dy					Appr	roximate val Batwee et and Deal
Sequentially list conditions, if any, leading to immediate	b. CARDIO DUE TO	ENCE OF):	FAILURE (Failure) 2° to									
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant conditions contributing to death but not resulting in the underlying ca						ause	given In		WAS AN AUTOP PERFORMED? YES 2 NO	SY	OF DEATH?	PRIOR TO IN DF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TO MEDICAL 26. PLACE OF DEATH (Check only HOSPITAL: OTHER:							eck only one)	1 One)			

27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 5 Pending Investigation 1 Netural 2 Accident

S Could not be determined

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28c. INJURY AT WORK? 1 YES 2 NO

28d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STAGNES BECC

HOSPITAL, 900 CATON AVE, BALTIMORE, MD

3 Suicide

4 Homicide

32. REGISTRAR'S SIGNATURE
DOWN AS A PROPERTY OF THE SECOND SECOND

BALTIMORE, MARYLAND 21203-3146

MEDICAL

PHYSICIAN:

BY

COMPLETED

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

						90	04091
	1 - STATE OF MARYLAN	ND / DEPARTM	MENT OF H	EALTH AND I	MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last) DR, Leonard A.	Jona			2. DATE OF DEATH	6 /990	3. TIME OF DEATH 5:58 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In)		UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Countr	PLACE (State or Foreign
FOR	90. FACILITY NAME (it not institution, give street end number) Sinai Hospita)	9t		imore	ATH	9c. COUNTY OF D	EATH
DIRECTOR	maryland Baltimere		BALTIMORE 10				
FUNERAL	100. STREET AND NUMBER 6612 Baythorne 1	101.	2120	10g. CITIZEN OF W	WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDEAT, EVER IN U FORCES? YES	13. WAS DEC	- American Indian, White, etc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+	UAL OCCUPATION done during modelined.)	at of working		SINESS/INDUSTRY EARCH		
ш	17. FATHER'S NAME (First, Middle, Last) TOBTAS JONAS	FIIIDICA			ME (First, Middle, Malden	Sumeme)	
TO B	190. INFORMANT'S NAME (Type/Print) MRS. GERTRUDE JONAS		AYTHORN	nd Number or Rural	BALTIMORE,	rn, State, Zip Code)	9
	1 Buriel 2 Cremetion 3 Removal from State	SITION (Name of cemetery, crematory or 20c, LOCATION — City or Town, State RE HEBREW REISTERSTOWN, M					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., M						ID 21215
	23. PART Enjer the diseases, or complications that caused the shock, or heart failure. List only one cause on second immediate CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A C	h line.	antar tha mo				Approximats Interval Between Onast and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. CATCINOMO OF The LUNG DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						
O							

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Hypertension Diabetes

24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 - NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO

4 Homicide

28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Impatient 2 | ER/Outpatient 3 | DOA 4 Nursi 28e. DATE OF INJURY (Month, Day, Year)

28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify)

ng Home 5 🗆 Residence 6 🗆 Other (Specify)

27. MANNER OF DEATH 1 Natural 2 Accident
3 Suicide

29b. SIGNATURE AND TITLE OF CERTIFIER

8 Could not be determined

28c. INJURY AT WORK? М 1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCURED

261. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner se stated.

2 NSDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the cause(e) end manner ee atsted. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Fester

32. REGISTRAR'S SIGNATURE

Phylose

DHMH-16 Rev 1/89

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161

- STATE REGISTRAR		CL	RTIFIC				REG. NO.		_	
1. DECEDENT'S NAME (First, Middle, Las Debra	AKA:	Debbie		arez arez		2. DATE O MONTH	DF DEATH		EAR	2:40 P M
4. SOCIAL SECURITY NUMBER 466-35-8195	5. SEX 1 M 2 X F	6. AGE (In yrs. les		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Dec.	Day March	1964	BIRTHPL Gountry) Texa	ACE (State or Foreign
9e. FACILITY NAME (If not institution, give	street and number)		91	a. CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUNTY	OF DEAT	Н
815 Brunswick R	d., Apt.	2B		Ess	sex	_		Bal	timo	re
Texas 10b. coun		own on Loca Housto			VLIN			d. INSIDE CITY LIMITS? YES 2 NO		
10a. STREET AND NUMBER 522 Dogwood St.				10	77022		10g. CITIZEN OF WHAT COUNTRY?			T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				If yea, sp	CENDENT OF HISPAI becity Cuben, Mexica 5 2 NO Specifi	nn, Puarto R		or No- 14	Black, V Specify:	American Indian, Phite, etc. White
15. DECEDENT'S EI (Specify only highest gra Elamentary/Secondery (0-12)		(G	CEDENT'S US five kind of work Do NOT use n		ON ost of working	16b.		siness/indus	TRY	1177
17. FATHER'S NAME (First, Middle, Last)			Staa	en	18. MOTHER'S NA	AME (First, M				
G. Z. Meza					Lydi	а Ва	llada	res		
19a. INFORMANT'S NAME (Type/Print)		G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dogwood St., Houston, TX 77022								
G. Z. Meza		non BLACE			St., HOI			CATION - CIT		04-4-
1 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	other pl	808)					uston,		, Statu
		- HOC	<u>cywooa</u>	Cemet			11101	000.0070,		
21. SIGNATURE OF FONERAL SERVICE	attes	A.		22. NAME A ROBE 6009	ND ADDRESS OF FA RT C. AL Harford	TENBU Rd.,	RG FU Balt	NERAL imore,	НОМЕ МО	21214
	r complications the a. List only one cau HEMORE	at caused the desse on each line	nath. Do not	22. NAME A ROBE 6009 enter the mo	ND ADDRESS OF FART C. AL Harford oda of dying, suc	TENBU Rd.,	RG FU Balt	NERAL imore,	НОМЕ МО	21214 Approximate interval Batween
23. PART I Enter the diseases, o shock, or heart (failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	r complications the a. List only one cau HEMORE a. Alcoho DUE TO b. DUE TO	it caused the de use on each fine RHAGIC P	neth. Do not be	22. NAME A ROBE 6009 enter the mo	ND ADDRESS OF FART C. AL Harford oda of dying, suc	TENBU Rd.,	RG FU Balt	NERAL imore,	НОМЕ МО	21214 Approximate interval Batween
23. PART & Enfar the diseases, o shock, or haart (fallur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olseasa or injury	r complications the a. List only one cau HEMORE a. Alcoho DUE TO b. DUE TO	at caused the de ise on each line RHAGIC PLAND NO (OR AS A CONSE	neth. Do not be	22. NAME A ROBE 6009 enter the mo	ND ADDRESS OF FART C. AL Harford oda of dying, suc	TENBU Rd.,	RG FU Balt	NERAL imore,	НОМЕ МО	21214 Approximate Interval Batween
23. PART I Enter the diseases, o shock, or heart (failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Alcoho DUE TO b. DUE TO c. DUE TO	t caused the de ise on each line RHAGIC PLAND NO (OR AS A CONSE	path. Do not by the path of th	22. NAME A ROBE 6009 enter tha mo	ND ADDRESS OF FART C. AL. Harford oda of dying, suc	ACILITY TENBU Rd., ch sa card	RG FU Balt	NERAL imore, iratory arres	HOME MD t,	21214 Approximate Interval Batweer Onset and Daate
23. PART I Enfar the disease, o shock, or haart fallur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in death LAST	b. DUE TO c. DUE TO d. HOSPITAL:	it caused the delege on leach line RHAGIC P. 1 and No. (OR AS A CONSE. (OR AS A CONSE.) death but not a	Death. Do not be a second of the second of t	22. NAME A ROBE 6009 enter the modern that modern the modern that modern the modern that modern the underlying the underlying 26. POTHER:	ND ADDRESS OF FART C. AL Harford Dode of dying, suc Xication ng cause given in	Part I.	RG FU Balt lac or rasp	NERAL imore, iratory arres	HOME MD t,	21214 Approximate interval Batweel Onset and Death Onset and
23. PART I Enfar the disease, o shock, or heart (failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the condition of the conditi	a. Al coho DUE TO b. DUE TO c. DUE TO d	t caused the de ise on each line RHAGIC PLAND NO CONSE	Death. Do not be a second of the second of t	22. NAME A ROBE 6009 enter the modern that modern the modern that modern the modern that modern the underlying the underlying 26. POTHER:	ND ADDRESS OF FART C. AL. Harford oda of dying, suc xication	Part I.	RG FU Balt lac or rasp 24e. WAS AN PERFOI 1XXYES 1	NERAL imore, iratory arres autopsy rmed? 2 \(\text{NO} \)	HOME MD t,	21214 Approximate interval Batweel Onset and Death Onset and
23. PART I Entar the disease, o shock, or heart (fallur immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the condition of the condi	a. Al Coho DUE TO C. DUE TO d. HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, E. 2.)	t caused the delege on leach line RHAGIC P. 1 and No. (OR AS A CONSE. (OR AS A CONSE. (OR AS A CONSE. Description of the conservation of the cons	Death. Do not in the second of	22. NAME A ROBE 6009 enter the mo ITTIS C Into: the underlyin 26. P OTHER: Nursing Hoo NY	ND ADDRESS OF FART C. AL Harford Doda of dying, suc XICATION The company of the	n Part I.	RG FU Balt lac or rasp 24e. WAS AN PERFOI 1XXYES 1	NERAL imore, iratory arres	HOME MD t,	21214 Approximate interval Batweel Onset and Death Onset and
21. SIGNATURE OF FONERAL SERVICE 23. PART I Entar the disease, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other significant conditions in the condition of the conditio	Tomplications the a. List only one cau HEMORE a. Alcoho DUE TO b. DUE TO c. DUE TO d. One contributing to HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D. 2-14-	COR AS A CONSE	DOA TIME CONTROL OF STREET	22. NAME A ROBE 6009 enter the mo ITTIS C Into: the underlyin 26. P OTHER: Nursing Hor NY W M 1	ND ADDRESS OF FART C. AL Harford Date of dying, such Mication The control of the	Part I. Part I. beck only on Color City City 281. DES	24e. WAS AN PERFO! 1XXYES : (c) CRIBE HOW CRIBE HOW TOWN, State	NERAL imore, Iratory arres I AUTOPSY RMED? 2 NO	HOME MD t,	Approximate interval Batweet Onset and Death Death Onset and Death Death Onset and Death Death Death Death Death Death Death D
23. PART I Enfar the disease, o shock, or haart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the conditions of t	Tomplications the a. List only one cau HEMORE a. Alcoho DUE TO b. DUE TO c. DUE TO d. One contributing to HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D. 2-14-	COR AS A CONSE	DOME OF STATE OF STAT	22. NAME A ROBE 6009 enter tha me IITIS C Into: the underlyin 26. P OTHER: Nursing Hor off 28c. NW 1 □ oet, factory, offi	ND ADDRESS OF FART C. AL. Harford oda of dying, suc xication mg cause given in PLACE OF DEATH (C) me 5 X Residence SURY AT ORK? YES 2 X NO ce	Part I. Part I. 281. Loc. Chy. Brun.	24e. WAS AN PERFOI IXXYES : (a) (Specify) CRIBE HOW NOWN State SWICK (See(a) and ma	NERAL imore, Iratory arres Irator	HOME MD t,	Approximate interval Batweer Onset and Death Death Onset and Death Death Onset and Death Dea

rurs after death. Page 6 may be retained by the hospital or attending plan TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a sterior after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

DHMH-18 Rav 1/89

DHMH-19 Ray 1/89

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7	must be notified at or	
or removal.	nedical examiner	
for to burial, cremation,	raumatic event, the	
Hygiene pr	or other t	
th and Menta	any injury,	
pt, of Heal	3 shows	
e State De	or item 2	
death with th	s marked,	
rs after	m 28 is m	

	1. DECEDENT'S NAME (First, Middle, Last) ASY	CHLE,	N	2. DATE OF DEA	-BAY	1990	3. TIME OF DEATH 7:30 P.			
	4. social security number 217-033396	5. SEX 6. AG	RE (In yrs. last birthe	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIFT (Month, Day,) AUG.		Coun	HPLACE (State or Foreign try) RYLAND	
CTOR	99. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF DEATH BALTIMORE MARYLAND BESIDENCE OF DECEMENT									
DIREC	MARYLAND 10b. COUNT	CITY, TOWN OR LOCATION BALTIMORE				10d. INSIDE CITY LIMITS? 1 (X) YES 2 \(\square\$ NO				
NERAL	4716 HAMPNETT A	101. ZIP CODE 10g. CITIZEN OF WHAT U.S.A.					Α.			
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YI IF YES, GIVE WAR OF	ES 2 NO	D If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ▼ NO Specify: Specify:					E — American Indian, sk, White, etc. sty:	
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 180. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						DUSTRY			
COMP	17. FATHER'S NAME (First, Middle, Last)		M	ANAGER	18 MOTHER'S	JAME /Cirot Atrobio i	HOTEL	_		
S)	DENNIS B. PEAF	RCF			18. MOTHER'S NAME (First, Middle, Meiden Surneme) BLANCHE MOBRAY					
0	19e. INFORMANT'S NAME (Type/Print)	LING ADDRESS (Street				ip Code)				
-									61	
	20b. METHOD OF DISPOSITION 1 № Burlet 2 ☐ cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) FORK CHRISTIAN CHURCH 2/20/90 FORK MAR									
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22 NAME	AND ADDRESS OF	EAGU ITM				
	· Dannisa	Capitan	CAPITANO ©		NARD J.	RUCK INC.	TIMORE 5305			
ERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not antar the mode of dying, such as cardiac or reapiretory errest, approximate interval Between Onset and Dasth diseases or condition resulting in death) Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Approximate Interval Between Onset and Dasth UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
N: MEDICAL C	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Output lent 3 DOA 4 Nursing Home 6 Reeldence 6 Other (Specify)									
ÄΗ	1 YES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJUI	RY 29b	TIME OF 28c. II	NJURY AT	e 8 Other (Spec	HOW INJURY O	CCURED		
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	9.()		YES 2 NO					
	2 Acceptant 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State) 28t. LOCATION (Street and Number or Rural Route Number, City or fown, State)									
ED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) and manner as stated.									
PLETED	(Check only		ation and/or invest	getion, in my opinion	death occured at				(a) and manner as stated.	
E COMPLETED	(Check only	IER: On the basic of axamin	ation and/or invest	getion, in my opinion	29c. LICENSE I				D (Month, Day, Year)	
BE COMPLETED	(Check only 1 CENTIFYING PHY:	IER: On the basic of examin	6							
TO BE COMPLETED BY	(Check only one) 2 MEDICAL EXAMIN	IER: On the basic of examin	6							

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN				
1. DECEDENT'S NAME (First, Middle, Last) VIOLA	JOHNSON				FEBRUARY		3:00 p M		
4. SOCIAL SECURITY NUMBER 220-22-8690	1 M 2 F	83 YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-31-0	6	Maryland		
9a. FACILITY NAME (If not institution, give THE JOHNS		PITAL	BALTIN	ORE CI		9c. COUNTY OF BALTI			
THE JOHNS RESIDENCE OF DECEDENT 100. STATE Md.	Υ		timore	e City			10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO} \) NO		
100. STREET AND NUMBER 1728 Montfor 11. MARITAL STATUS	d Ave.			21213		10g. CITIZEN OF	WNAT COUNTRY?		
3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		NIC ORIGIN? (Specify Ya an, Puarto Rican, atc.) y:	Bi	CE — American Indian, ack, White, atc. ecity: Black		
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last) William Gross	UCATION to completed) College (1-4 or 5+)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use rel Laundry	done during mo tired.)	st of working		ospital			
17. FATHER'S NAME (First, Middle, Last) William Gross 18. MOTHER'S NAME (First, Middle, Malden Surname) Mary Johnson									
198. INFORMANT'S NAME (Type/Print) Dorothy Frier 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1601 N. Wolf St. Balto. Md. 21213									
20a. METHOD OF DISPOSITION 1 Surial 2 Cremetton 3 Rea 4 Donation 5 Other (Specify)	noval trom Stata	other place) alto. Na	tional	A	. 0	ocation — city or	Town, State		
21. SIGNATURE OF FUNERAL SERVICE L ALL JULY 23. PART I. Enter the diseases, present fellure	C. Dong		Dou 170	o' me	funeral sulloh S	Service +,	Approximate interval Between		
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Hepatic I	Egilore A CONSEQUENCE OF:					3 days		
Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS C. COPP DUE TO (OR AS d.	A CONSEQUENCE OF):	in C	er pula	rone, le	TR	5 year 3		
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Oirp CCRC +x of Other Processor Completion of Comp									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?									
27. MANNER OF DEATH 1 Natural 5 Pending	YES 2 NO 1 Impettant 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
2 Culphda	288. PLACE DF INJUR building, etc. (Sp	Y — At home, term, street (19)	et, factory, offic	a	281. LOCATION (Street City or Town, State 1728 N. M.	1) 10 0	he Belto Ms		
one)	SICIAN: To the best of my know IER: On the basis of examination						e(s) and menner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFI	er bon	np		29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Prin	Int)	11 1	0 1-		(-1 0 1		

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

Tree in Called From

Confer C. Storeford

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT; If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYLAN		IT OF HEALTH AND	MENTAL HYGIEI						
1. DECEDENT'S NAME (First, Middle, Last) MI	CHAEL	ŀ	ELLY	2. DATE OF DEATH	DAY YE	3. TIME OF DEATH 12:49PM M				
4. SOCIAL SECURITY NUMBER 213: 62:1109	1 × M 2 🗆 F 3	4 YRS. MONTHS		7. DATE OF BIRTH (Month, Day, Year) Sept 11	1953	BIRTHPLACE (State or Foreign				
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH										
Md Ba	Md Baltimore Dundalk 10									
1945 Churc	ch Road	- Pa	101. ZIP CODE 2122	2	10g. CITIZEN	S. A.				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	erried 2 Married FORCES? 1 XYES 2 NO If yes, specify Cuben, Mexican, Puerto Ricen, etc.) Black, WI IF YES, GIVE WAR OR DATES 1 YES 2 M O Specify:									
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION 16	life. Do NOT use retired.	a during most of working	16b. KIND OF BU	JSINESS/INDUST					
17. FATHER'S NAME (First, Middle, Last)	elly	otside (16. MOTHER'S N	AME (First, Middle, Maide	n Surname)					
19a. INFORMANT'S NAME (Type/Print) Sharon Kelly 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1945 Church Rd Baltimore Md Z1222										
20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donetion S Other (Specify)	novel from State Oa	LACE OF DISPOSITION (I	Genetery	Ga	ocation - city	or Town, State				
21. SIGNATURE OF FUNERAL SERVICE LI	L. Macsoson	ski t	NAME AND ADDRESS OF F	FU ROD	25 Fla	Udzizza				
23. PART I. Enter the diseases, pr ahpck) or haert fallure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Lief Dnly One Couse Dn eech	Monoxide i	ntoxication	ch ee cerdlec or ree	piretory errest	Approximete Interval Between Onset end Death				
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	bDUE TO (OR AS A CO									
CAUSE (Disease or Injury that initiated evente resulting in death) LAST d.										
PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AN OCCUPATION OF THE PROPERTY OF THE PR										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XX58 2 NO	HOSPITAL:	orthe	26. PLACE OF DEATH (C							
27. MANNER OF DEATH	28a DATE OF INJURY	28b. TIME OF INJURY	26c. INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCURE	ED				
1 Natural 5 Pending Investigation	2-14-90	XXX YES 2 NO	Base Jeec Hillarea Carbon Mono							
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — building, etc. (Specify)	teel Co	umber or Rural Route Number, fumes el Co., Baltimore C							
	ICIAN: To the beat of my knowledge: ER: On the beats of examination ar					nuse(e) and manner ea stated.				
290. SIGNATURE AND TITLE OF CONTINUE	Xx		29c. LICENSE NU OCME	MBER	29d. DATE SIG	GNED (Month, Day, Year) 2-15-90				
ANN M. DIXON, MI			Penn Street	,Baltimore	,MD 212	201 vc				
FEB 20 1990	32. REGISTRAR'S SIGNATU	J. C.								

1	-	STATE REGISTRAP
Г	1. D	ECEDENT'S NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4. SOCIAL SECURITY NUMBER 213-36-4307 9a. FACILITY NAME (If not institution, give street 22 DOYSEY ROAD RESIDENCE OF DECEDENT 10a. STATE 10b. STREET AND NUMBER 422 DOYSEY ROAD 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	et and number) Baltimore		9b. CITY, TOW	N OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) Sept, 7, 19	9c. COUNTY OF	THPLACE (State or Foreign nin) Maryland	
4. SOCIAL SECURITY NUMBER 213-36-4307 9a. FACILITY NAME (If not institution, give street 22 DOYSEY ROAD RESIDENCE OF DECEDENT 10a. STATE 10b. STREET AND NUMBER 422 DOYSEY ROAD 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	5. SEX 1 M 2 X F et and number) Baltimore 12. WAS DECEDENT EVER FORCES? 1 V	82 YRS	9b. CITY, TOWN OR LO	N OR LOCATION OF DE	Feb. 17 7. DATE OF BIRTH (Month, Day, Year) Sept, 7, 19	9c. COUNTY OF	THPLACE (State or Foreign Maryland DEATH	
4. SOCIAL SECURITY NUMBER 213-36-4307 9a. FACILITY NAME (If not institution, give street 22 DOYSEY ROAD RESIDENCE OF DECEDENT 10a. STATE 10b. STREET AND NUMBER 422 DOYSEY ROAD 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	5. SEX 1 M 2 X F et and number) Baltimore 12. WAS DECEDENT EVER FORCES? 1 V	82 YRS	9b. CITY, TOWN OR LO	N OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) Sept, 7, 19	9c. COUNTY OF	Maryland	
99. FACILITY NAME (If not institution, give street 422 DOTSEY ROAD RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md. 10e. STREET AND NUMBER 422 DOTSEY ROAD 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	Baltimore 12. WAS DECEDENT EVER FORCES? 1 V	10c.	9b. CITY, TOW CITY, TOWN OR LO	N OR LOCATION OF DE		9c. COUNTY OF	DEATH	
422 Dorsey Road RESIDENCE OF DECEDENT 10e. STATE 10e. STREET AND NUMBER 422 Dorsey Road 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	Baltimore 12. WAS DECEDENT EVER FORCES? 1 U YE		CITY, TOWN OR LO	ESSEX CATION SEX	EATH			
10a. STATE Md. 10b. COUNTY Md. 10c. STREET AND NUMBER 422 DOTSEY ROAD 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCA	12. WAS DECEDENT EVER FORCES? 1 YE			sex				
10e. STREET AND NUMBER 422 DOTSEY ROAD 11. MARITAL STATUS 1 Never Married 2 Merried 3 W Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE		LS				10d. INSIDE CITY LIMITS?	
422 Dorsey Road 11. MARITAL STATUS 1 Never Married 2 Merried 3 W Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE	1					1 YES 2 100	
1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCA	FORCES? 1 YE			101. ZIP CODE 2122]		10g. CITIZEN OF	WHAT COUNTRY?	
15. DECEDENT'S EDUCA	ir 160, dire mil On	S 2 10	If yes,	ecendent of Hispai specify Cuben, Mexico ES 2 1 NO Specif		1 11	CE — American Indian, ack, White, atc.	
(Specify only highest grade or Elementary/Secondery (0-12)	ATION ompleted) College (1-4 or 5+)	(Give kind life. Do NO	IT'S USUAL OCCUP. If of work done during OT use retired.) SEWIFE	NTION most of working	16b. KIND OF BUS	BINESS/INDUSTRY		
17. FATHER'S NAME (First, Middle, Last) Charles Bishop				ME (First, Middle, Maiden aret Mille				
19a. INFORMANT'S NAME (Type/Print) Harvey Wofford		ino address (sire		Route Number, City or Tow Baltimore M		21221		
20e METHOD OF DISPOSITION 1 & Burlel 2 Cremetton 3 Remov	SPOSITION (Name of	cemetery, cremetory or			TION - City or Town, State			
23. PART I. Enter the diseases, or conshock, or heart fattaire. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)			Do not anter tha	mode of dying, suc		Iratory srrest,	Approximate Interval Between	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE	E OF):	Hea	t Dan	reas	2	
PART II. Other significent conditions	contributing to deet	h but not result	ing in the under	ying cause given in	Pert I. 24e. WAS AMPERFO	RMED?	24b. WERE AUTOPSY FINOIR AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
EXAMINER? HOSPITAL: OTHER:								
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUI (Month, Day, Yes	RY 28b	TIME OF 18c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED INJURY WORK?					
2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJ building, etc. (M 1 VES 2 NO OF INJURY — At home, farm, streel, factory, office , etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Numb City or Town, State)					rel Route Number,	
29a. CERTIFIER (Check only one) 1- CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my ki						se(a) and menner on state	
29b. SIGNATURE AND TITLE OF CHITTEE	1010	20	4	29c. LICENSE NO	JMBER 378	29d. DATE SION	NED (Month, Day, Year)	
30. NAME AND SOORESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27)	(Type, Print)	ne o	Rent S	Im	d222	

BALTIMORE, MARYLAND 21203-31 irs after death. Page 6 may be retained by the hospital or attend TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as a filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF H			GIENE I. NO.	,	0 0403	
1. DECEDENT'S NAME (First, Middle,	Last)				2. DATE OF DEA	TH	3. TIME OF CEATH		
William	n Jerome		KFLLY		Februar	v 18. 1	YEAR 990	5:02 n	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Y	H		IPLACE (State or Foreign	
215-16-0372 9s. FACILITY NAME (If not Institution,	1 K M 2 F	OO YRS.	ONTHS DAYS	PR LOCATION OF D	April 3	3,1923	J	MAryland	
Franklin Squ				Rossvill					
RESIDENCE OF DECEDEN						IBAIL	TIIIOX	re County	
Md.	BAltimore	10c. CITY,	ESS					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 305 Stillwa	ter Road		10	21221			10g. CITIZEN OF WHAT COUNTRY? USA		
tt. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAT OR DATES			ENDENT OF HISPA ecify Cuban, Maxico 2 NO Specific	en, Puerto Ricen, al		14. RACI Blaci Spec	E — American Indian, k, White, atc.	
15. OECEDENT'S (Specify only highest	EDUCATION grade completed)	18s. DECEOENT'S U	SUAL OCCUPATION And done during mo		18b. KIND (F BUSINESS/IND	USTRY		
Elementary/Secondary (0-12) 7th	College (1-4 or 5+)	Sales	retired.)	st or working	3 6 6				
17. FATHER'S NAME (First, Middle, Las William Ku					AME (First, Middle, N	, , , , , , , , , , , , , , , , , , , ,			
190. INFORMANT'S NAME (Type/Print) Mary Weis		19b. MAILING A	Stillw	ater Roa	Route Number, City ad Baltin	or Town, State, Zip Nore Mar	yla	nd 21221	
20a, METHOO OF DISPOSITION 1 & Burist 2 Cremetton 3 4 Donation 5 Other (Specify,	Removal from State	Garrison	TION (Name of car Forest	netery, crematory or Cemetery	2	Baltin			
21. SIGNATURE OF FUNERAL SERVI		,	22. NAME A	ND ADDRESS OF FA	CILITY				
*Connelle	Funcial	flome	Conn	elly Fun	eral Hor	ne 300Ma	ceA	ve.21221	
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initisted avants resulting in deeth) LAST	b. Ch A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	:	ATTURE.) , 17 Cm	to Med	buy!	mexical	
	d								
PART II. Other significant con-	ditions contributing to death	but not resulting in	the underlyln	g csuse given in	P	MS AN AUTOPSY ERFORMED? /ES 2 X NO	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC	AL		28 D	LACE OF DEATH (C)	hack only one)				
EXAMINER? 1 YES 2 (V) NO	HOSPITAL:		OTHER:						
27. MANNER OF DEATH	1 Inpetient 2 ER/O			IURY AT	1		HIDEO		
t Netural 5 Pending 2 Accident investigs	(Month, Day, Year		RY WO	JURY AT ORK? YES 2 NO					
3 Suicide 8 Could n	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, building, stc. (Specify)					office 281. LOCATION (Street and Number or Rural Route Numb City or Town, State)			
	PHYSICIAN: To the best of my know							s) and menner as stated.	
296. SIGNATURE AND TITLE OF CER				29c, LICENSE NU		29d, DATE	SIGNE	(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSO				olto M	01001			1	
Tarique Firoz		Eastern Bl	va. b	Balto, Mo	1. 21221				
FEB 2 0 1990	32. BEGISTRAR'S ST	millange.							

DHMN-16 Rav 1/89

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the stratement of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It litem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FEB 20 1990

	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND /			F HEALTH			YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Jimmie	B. Kirk	cenda	11,00			2. DATE OF I	DEATH		YEAR	3. TIME OF DEATH
	Vimmy		14,	K		ENDA	LL	2		13	90	2=15 A M
	4. SOCIAL SECURITY NUMBER 212-34-5392	5. SEX	6. AGE (In yrs. Ia.	st birthday) YRS.	MONTHS D	EAR IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, Day 8-13		7	Count	PLACE (State or Foreign ry) tucky
TOR	90. FACILITY NAME (# not institution, give s University Hos RESIDENCE OF DECEDENT					imore		ity			JNTY OF C	
DIRECTOR	10e. STATE 10b. COUNTY	e Arunde	1		Y, TOWN OR L					10d. INSIDE CITY LIMITS? 1 YES 2 K NO		
FUNERAL	100. STREET AND NUMBER 812 Dale Road	560				101. ZIP CODI	061			10g. CIT	U.S.	A.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 X Divorced	ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 ☐ YES 2 ☑ NO Specify: 1 ☐ YES 2 ☑ NO Specify: Specify:										
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th Grade		(0	ECEDENT'S Give kind of a. Do NOT u	se retired.)	PATION ng most of working	ng		Cons			
00	17. FATNER'S NAME (First, Middle, Last)					18. MOT	NER'S NA	ME (First, Middle	e, Maiden S	Sumame)		
BE		Kirkenda					Mary		ins			
10	19e. INFORMANT'S NAME (Type/Print)		19			treet and Number						A Street
	Dale Kirkendall											d 21122
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other p	vlace)		of cemetery, crem					- City or To	
		L C.	Ooris)	22. NAI G€		ss of FA Go chie	once Fu Hwy.	nera Balt	l Ho	me P	d. 21225
	23. PART i. Enter the diseeses, proshock, or heert failure. IMMEDIATE CAUSE (Finel diseese procondition recuiting in death)	Liet only one ce	Card, O (OR AS A CONSE	0.					от геори	atory a	nost,	Approximate Interval Between Onset and Deeth
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c.	O (OR AS A CONSE	EQUENCE C	NF):	Int	gre	tis a				
S		d										
: MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Yens full ve Vn > full e anging Coronary 1 YES 2 NO NOPERTORNED? Artery distance given in Pert I. 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NOPERTORNED? 1 YES 2 NO YES 2 YES								D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF E	DEATN (C	heck only one)				
SIC	1 Tes 2 No	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	Home 5 R	eeldence	8 Other (Sc	pecify)			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO						CCURED				
ETED BY	2 Accident Investigation 3 Sulcide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY At h	ome, ferm,	street, fectory	, office			ON (Street e own, State)	and Numb	er or Rural	Route Number,
COMPLE	290. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of										e) end menner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	650	4/60	M		29c. LIC	ENSE NU	MBER		29d. DA	ATE SIGNE	D (Month, Day, Year)
T	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED GA	PRE OF DEATH (ITI	EM 27) (Typ		m. 1.	1	11.	of m	nn	Hara	· Pult mo

All Bridge Million

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YL	by c	ad b	15
AB	tainec	shoul	tifie
Z	De re	ge 5	e no
BALTIMORE, MARYLAND 21206-3146	may	or, pa	ust t
MO	age 6	direct	er m
E	ath. P	neral	mim
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띮	v requ	been t. of	sho
AL	he lan	e has	m 23
VIT	IAN: T	tificati e Stat	or Ite
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- wours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Z	NG PI	fter th	mark
510	FENDI	OR: A	00
N	A AT	IRECT Urs at	3m 2
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	HOSPI	UNER	ANT
	THE H	THE F	PORT
	2	무용	IM

permit. Pages 1, 2, 3 should

REGISTRAR		C										
1. DECEDENT'S NAME (First, Middle,	Last)							2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
	CONRAD KRAT				,			02	15	(90	3:10 A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I		IF UNDER		HOURS	HRS.	7. OATE (Monti	OF BIRTH h, Oay, Year)		8. SIRTI Count	HPLACE (State or Foreign (ry)
216-10-3414	1 X M 2 - F	76	YRS.					100 100 0	20-13			RYLAND
9a. FACILITY NAME (If not institution,						RLOCATION	OF DE	ATH		9c. COU	INTY OF E	DEATH
VA MEDICAL CENT		VARD		FI	r. Ho	WARD				BAI	LTIM	ORE
10a. STATE 10b. CC			10c. CIT	TY, TOWN O	R LOCATION	ON						10d. INSIDE CITY
MARYLAND			B	AT.TTM	MORE							LIMITS?
10e. STREET AND NUMBER			- 1,	ALLLI		ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
2222 E. MADISON	STREET					2120	5			US	SA	
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.							1? (Specify Yes		14. RAC	E — American Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? IF YES, GIVE	WAR OR DATES	JMO		YES	city Cuban, 2 NO	Specify		Rican, atc.)		Spec	k, White, etc.
	11/8/43	- 11/9/4	_			71						HITE
15. DECEDENT'S (Specify only highest			DECEDENT'S (Give kind of ife. Do NOT u	work done a	during most	N t of working		18b	KINO OF BU	SINESS/IN	OUSTRY	
Elementary/Secondary (0-12)	College (1-4 or :	5+)			T I A B T T							
7 17. FATHER'S NAME (First, Middle, Las	-41	L-L	NOLEU	MIMEC	HANI	-						
NELSON C.									Middle, Maiden	Surname)		
19a. INFORMANT'S NAME (Type/Print)			ION MAILIN	ADDRESS	(Street on			VILL.	LAINS ber, City or Tow	o Chain Ti	n Codel	
CLINICAL RECORD				DICAL								21052
200 METHOD OF DISPOSITION			E OF DISPO					NOW		ARYLA CATION —		-1002
1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify)		other	rulan	1.1/	tenar	-	-	enii			-	rest, Md.
21. SIGNATURE OF FUNERAL SERVI		1 1100	regrant		2000	DADDRESS	10000		1 300			
1 10	to i	hite		- 0	, ,	-	-	,	0 0	0	901	J.
23. PARI I. Enter the diseases shock, or heert fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	a, CARCI	NOMA OF	PROS	not anter	tha mod	la of dyin	g, aucl	h as car				Approximate Interval Between
shock, or heert fall IMMEDIATE CAUSE (Final disease or condition	a. CARCI DUE T b. DUE T	euse on eech li	PROS'	TATE.	tha mod	la of dyin	g, aucl	h as car				Approximate Interval Betw
shock, or heert fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CARCI DUE T b. DUE T c. DUE T d. ditions contributing to	NOMA OF TO (OR AS A CONSTO (OR	PROS' SEQUENCE C	TATE. OF): OF):	WITH	META	g, aucl	ASIS		I AUTOPSY RMED?	reat,	Approximate Interval Betwoonset and De Onset and De
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shock, or heert fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significant cond ISCHAFMIC HFA 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigs 2 Accident 3 Suicide 8 Could in 4 Homicide detarmin 29a. CERTIFIER (Check only) 1 CERTIFYING	a. CARCI DUE T b. DUE T c. DUE T d. DUE T d. TOTAL: 1 Vinpertant: 2 28a. DATE ((Month, attion of be bed bed) PHYSICIAN: To the best and the b	NOMA OF O (OR AS A CONS O (OR	PROS' EQUENCE C EQUENCE C EQUENCE C Tresulting DOA 28b. Till IN	TATE F): OTHER A IN Num ME OF JURY M street, factor red at the ti	the mod	Cause glv Cause glv ACE OF DEJ F G Rasil	g, aucling and an arth (Chi	Pert I. eck only o 8 Other 28d. OE 28f. LOC	24a. WAS AN PERFOI 1 VES 1	I AUTOPSY RMED? RMED? RMED? RMED? RMED? RMAN AND	24I CCUREO or or Rural sted,	Interval Betwoonset and De Onset and De
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH

REGISTRAR		CERTIFIC	CATE OF DEATH	-	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las	nt)			2. DATE OF	DEATH	1.72	3. TIME OF DEATH
WALTER	HAROLD	KAY	JR.	FEB.	19	1990	7:40 A
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE OF	BIRTH	8. BIRT	HPLACE (State or Foreign
217-14-3644	1 XM 2 - F	67 YRS.			6 1923		cyland
9a. FACILITY NAME (If not institution, given Harbor Hospital			Baltimore C			OUNTY OF	ore City
Harbor Hospital RESIDENCE OF DECEDENT 10a. STATE 10b. COU Maryland Ann	NTY	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY
	e Arundel	Bal	timore				1 YES 2 NO
10. STREET AND NUMBER			10f, ZIP CODE		10g. (CITIZEN OF	WHAT COUNTRY?
10e. STREET AND NUMBER 465 Carvel Beac	h Road		21226			USA	
11, MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DECENDENT OF	HISPANIC ORIGIN? (_	E — American Indian, ck, Whita, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? TYTYY	R DATES W.W.II	If yea, specify Cuban, 1 ☐ YES 2 ☒ NO		en, atc.)	Spec	
15. DECEDENT'S E	DUCATION	16a. DECEDENT'S U	SUAL OCCUPATION	18b. KI	IND OF BUSINESS/	INDUSTRY	
15. DECEDENT'S E (Specify only highest or Elamantery/Secondery (0-12) 12th 17. FATHER'S NAME (First, Middle, Leat)	College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during most of working retired.)				
12th	2	Builder-	Self Employe	d	Builder		
17. FATHER'S NAME (First, Middle, Leat)				R'S NAME (First, Mide			
	lod Kay S	Sr.	Pau	line	C1	ark	
104 (NEODMANT'S NAME (Reso/Print)	104 1147		DDRESS (Street and Number of				
Donald Clark K	av	Sa	me as 10e				
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSIT	TON (Name of cemetery, cremat	tory or	20c. LOCATION	— Cify or T	own, State
1 Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from Stata	St. Johns	Cemetery		Ellico	tt Ci	ity, Maryla
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	oc. gomes	22. NAME AND ADDRESS	OF FACILITY			
90 H.	2///		SINGLETON F				AVE. S.W.
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	DUE TO (OR A			e se	condan' Carci	y to wom	Interval Betwee
resulting in death) LAST	d						
PART II. Other significant conditions Congestive Renal fa		Ailure	the underlying ceuea given		4a. WAS AN AUTOP PERFORMED?		b. WERE AUTOPSY FINDIN AVAILABLE PPIOR TO COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERRED TO MEDICAL			20 DI ACE OE DE I	ATH (Check only one)			
EXAMINER?	HOSPITAL:		OTHER:				
1 YES 2 YNO	1 M Inpatient 2 ER/0		Nursing Home 8 Resi			OCCUPED	
1 Natural 8 Pending 2 Accident Investigation	(Month, Day, You	RY 28b. TIME nr) INJU	OF 28c. INJURY AT WORK? M 1 YES 2		RIBE HOW INJURY	OCCURED	
3 Suicide 8 Could not	28e. PLACE OF INJ building, atc. /	URY — At home, ferm, st Specify)	reet, factory, offica		ION (Street and Nun Town, State)	nber or Rural	Route Number,
29a. CERTIFIER 1 CERTIFYING PHONE) 2 MEDICAL EXAM	YSICIAN: To the best of my k						(a) and manner se stated
				ISE NUMBER			D (Modith, Day, Year)
Datx.	de Bosto 1	un (House	DEREN)	TOMBER	290,	2/1	9 19 D
ME NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Terra	70			-//	1110
	32. REBIŞTRAR'Ş Ş						
FFB 20	1990 The Day	dry Broke 20					

	must
	ANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
ithin 72 hours after death with the State Dept, of Health and Mental Hygiene prior to build, cremation, or removal.	medical
ation,	the
crem.	ry, or other traumatic event, the r
burial	atte e
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Health	DWS 3
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be notified at once.

A. SOCIAL SECURITY NUMBER 2.14 03 3242 1	State Gov't. Perry
DOROTHY 4. SOCIAL SECURITY NUMBER 214 03 3242 5. SEX 1 M 2 XF 76 YRS. 6. AGE (In yrs. lest birthday) 76 YRS. 6. MORT 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH 8. MORTS MORTS	953 PM BIRTHPLACE (State or Foreig Country) Maryland Y OF DEATH COUNTY 10d. INSIDE CITY LIMITS? 1 VES 2 NO N OF WHAT COUNTRY? ted States B. RACE — American Indian, Black, White, stc. Specify: White STRY State Gov't. Perry Dode)
214 03 3242 1	Maryland Y OF DEATH COUNTY 10d. INSIDE CITY LIMITS? 1 VES 2 NO N OF WHAT COUNTRY? ted States I. RACE — American Indian, Black, Whits, stc. Specify: White STRY State Gov't. Perry Dode)
9s. FACILITY NAME (If not institution, give street and number) 9s. COUNTY NORTH ARUNDEL HOSPITAL RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY Maryland Anne Arundel 10c. CITY, TOWN OR LOCATION OF DEATH 10c. CITY, TOWN OR LOCATION OF DEATH 10c. CITY, TOWN OR LOCATION Baltimore 10c. CITY, TOWN OR LOCATION Baltimore 10d. ZIP CODE 21225 Uni 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11. YES 2 TON Specify Cuban, Marklean, Pusrfor Rican, stc.) 11. YES 2 TON Specify: 12. WAS DECEDENT'S BOUGATION (Specify only highest grade completed) 13. Was DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 14. Do NOT use retired.) 15. MOTNER'S NAME (First, Middle, Leel) Coghill 16. MOTNER'S NAME (First, Middle, Leel) Anna L. 19a. MATURE'S NAME (First, Middle, Leel) Anna L. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stein, Zip Control place) Coder place) Coder Hill Cemetery 20c. LOCATION — Cit Coder Coder Coder Completed 19d. MATURE OF FUNERAL SERVICE LICENSEE 21. NAME AND ADDRESS OF FACILITY MCCUlly Funeral Home of Pasal	Y OF DEATH COUNTY 10d. INSIDE CITY LIMITS? 1 — YES 2 X NO N OF WHAT COUNTRY? ted States 1. RACE — American Indian, Black, White, stc. Specify: White STRY State Gov't. Perry Dde)
NORTH ARUNDEL HOSPITAL RESIDENCE OF DECEDENT 10s. STATE Maryland Anne Arundel 10c. CITY, TOWN OR LOCATION Baltimore 10s. STREET AND NUMBER 208 W. Riverview Rd. 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WAR OR DATES 13. WAS DECEDENT'S EDUCATION 14 Yes, specify Cubsan, Maxican, Pusrfor Rican, stc.) 15 Specify only highest grade completed) 16 DECEDENT'S EDUCATION (Specify only highest grade completed) 16 DECEDENT'S USALA COCCUMATION (Give kind of work done during most of working) 17 FATNER'S NAME (First, Middle, Leet) Edgar 19 Maryland 10	COUNTY 10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY? ted States 1. RACE — American Indian, Black, White, stc. Specify: White STRY State Gov't. Perry cde)
10b. COUNTY Maryland Anne Arundel 10c. CITY, TOWN OR LOCATION Baltimore	LIMITS? 1 YES 2 NO N OF WHAT COUNTRY? ted States I. RACE — American Indian, Black, White, stc. Specify: White STRY State Gov't. Perry pde)
10e. STREET AND NUMBER 208 W. Riverview Rd. 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES 2 NO IF YES 2 NO IF YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If Yes specify Cuben, Maxicen, Puerto Ricen, etc.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use relired.) Nurse 17. FATNER'S NAME (First, Middle, Lest) Edgar Coghill 18. MOTNER'S NAME (First, Middle, Melden Surmame) Anna L. 19e. INFORMANT'S NAME (First, Middle, Melden Surmame) Michael J. Kreiner 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Co. 326 North Putney Way, Severna Park, Other (Specify) Cedar Hill Cemetery 20c. METHOD OF DISPOSITION 1 Yes 2 No. Specify: 10 YES 2 No. Specify: 10 Yes 3 No. Specify: 11 Yes 3 No. Specify: 12 No. Maxicen, Puerto Ricen, etc.) 12 No. Maxicen, Puerto Ricen, etc.) 13 No. Maxicen, Puerto Ricen, etc.) 14 Yes 3 No. Specify: 15 No. KIND OF BUSINESS/INDUS 16e. DeceDent's USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use relired.) Nurse 16e. DeceDent's usual occupation of working like. Do NOT use relired.) Nurse 16e. DeceDent's usual occupation of working like. Do NOT use relired.) Maryland 17 Nurse 18 MOTNER'S NAME (First, Middle, Melden Surmame) Anna L. 20c. INFORMANT'S NAME (First, Middle, Melden Surmame) Coghill Anna L. 20c. INFORMANT'S NAME (First, Middle, Melden Surmame) Coghill Coghill	N OF WHAT COUNTRY? ted States I. RACE — American Indian, Black, White, stc. Specify: White STRY State Gov't. Perry pode)
208 W. Riverview Rd. 21225 Unition 1. MARITAL STATUS	ted States I. RACE — American Indian, Black, White, atc. Specify: White STRY State Gov't. Perry Ode)
Type Merried Merried PORCES? YES Y	Black, White, stc. Specify: White STRY State Gov't. Perry ode)
(Specify only highest grade completed) Elamentery/Secondary (0-12) 8 17. FATNER'S NAME (First, Middle, Lest) Edgar 18. MOTNER'S NAME (First, Middle, Melden Surname) Toghill 19. INFORMANT'S NAME (Type/Print) Michael J. Kreiner 20. METNOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from State 1 Codher (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MCCully Funeral Home of Pasal	State Gov't. Perry
Nurse Nurse Nurse Nurse Maryland 17. FATNER'S NAME (First, Middle, Leet) Edgar Coghill 18. MOTNER'S NAME (First, Middle, Melden Surmame) Anna L. 199. INFORMANT'S NAME (Type/Print) Michael J. Kreiner 200. METNOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from State Coghill 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other (Specify) Cedar Hill Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasal	Perry
17. FATNER'S NAME (First, Middle, Lest) Edgar Coghill 18. MOTNER'S NAME (First, Middle, Melden Surname) Anna L. 199. INFORMANT'S NAME (Type/Print) Michael J. Kreiner 200. METNOD OF DISPOSITION 1 K Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MCCully Funeral Home of Pasal	ode)
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Co. Michael J.Kreiner 20c. METNOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS of FACILITY MCCully Funeral Home of Pasal	ode)
Michael J. Kreiner 326 North Putney Way, Severna Park, 20a. METNOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from State 4 Donation s Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasar	
20s. METNOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State 4 Donation s Other (Specify) 21. Signature of Funeral Service Licensee 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasar	200 0000
1 X Burial 2 Cremation 3 Removal from State 4 Donation s Other (Specify Cedar Hill Cemetery Baltimore 21. SIGNATURE OF FUNERAL SERVICE LICENSEE McCully Funeral Home of Pasar	MD 21146
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasac	
	O , 112
That I day	dena
DUE TO (OR AS À CONSEQUENCE OF): Sequentially liat conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	
reaulting in death) LAST	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 PNO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)	
	RED
(Month, Day, Year) INJURY WORK?	
(Month, Day, Year) INJURY WORK?	
t Natural 5 Pending Investigation 2 Accident 3 Suicida 8 Could not be detarmined (Month, Day, Year) INJURY WORK? 1 YES 2 NO 28a. PLACE OF INJURY — At home, farm, street, factory, office	r Rural Route Number,
t Natural 2 Accident 3 Suicida 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(a) and menner as stated	r Rural Route Number, j. cause(a) and manner as atak
t Natural 2 Accident 3 Suicida 4 Homicide 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and dus to the cause(a) and menner as stated 29s. SIGNATURE AND TITLE OF CERTIFIER 29s. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE S	r Rural Route Number,
t Natural 2 Accident 3 Sulcida 4 Homicide 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(a) and menner as stated	r Rural Route Number, j. cause(a) and manner as atak

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er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det		or item 23 shows any injury, or other traumatic event the medical examiner must be notified at on
by the	етома	dicai
i p	10	900
y fille	rtion,	the
ompletel	ith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event
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	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT OF			NTAL HYGIEN	E	20	0410	-
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH		3.	TIME OF DEATH	-
	Joseph W. Kilb	ourn, Sr.						MDNTH DA	7	FAR 1	:30 PM	м
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24	HRS. 7.	DATE OF BIRTH	1	BIRTHPLA	CE (State or Foreign	ī
	218-05-4435	1 ⊠ M 2 □ F	70	YRS.	9b. CITY, TOWN			(Month, Day, Year) 10-6-1919	9c. COUNT	Country) Maryl		
OR	6024 Deer Park R				Reiste			4			County	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT				Y, TOWN OR LOC					100	d. INSIDE CITY LIMITS?	-
		imore		Re:	lsterst						YES 2XXNO	
FUNERAL	100. STREET AND NUMBER 6024 Deer Park R	d.				21136			USA	N OF WHA	T COUNTRY?	
	11. MARITAL STATUS 1 Naver Married 2 Married	12. WAS DECEDENT FORCES? 1 TIP YES, GIVE WAR	YES 2 NO		If yes,	ECENDENT OF specify Cuben,	Maxican, P	ORIGIN? (Specify Year Puarlo Rican, alc.)	or No-	I. RACE — Bleck, W Specify:	American Indian, hita, atc.	
ВУ	3 Widowed 4 Divorced		WW 2								White	
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	18e. DEC (Giv We. I	EDENT'S to kind of v Do NOT us	USUAL OCCUPA work done during in the retired.)	TION nost of working		16b. KIND OF BUS	SINESS/INDUS	STRY		
MP	11th Grade		Mail	L Car	rier			US Po	st Off	fice		
000	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NAME	(First, Middle, Malden	Surname)			
BE	Robert Kilbourn						Anni	Le Hahn				
0	19e. INFORMANT'S NAME (Type/Print)							te Number, City or Tow		ode)		
	Mrs. Larrian Kil	bourn	the state of the s					Isterstow			136	
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ren	ioval from Stata	other plac	ce)	SITION (Name of				CATION — CI		Stata	
	4 Donation 5 Other (Specify)	CENSEE	Garris	son I	Forest	VA Ceme			rison	, MD		_
	101111	0	1	- Arren				ineral Di	rector	cs, I	nc.	
	John K to	maly	1		8728	Liber	ty Ro	i. Randa	llsto	m, M	D 21133	
	23. PART I. Enter the diseases, Dr shock, or heart failure.	complicetions that it List only one cause	uueed the des on each line.	th. Do r	ot enter tha r	node of dylng	g, such a	e cardiac Dr respi	ratory arres	it,	Approximate interval Between	n
	IMMEDIATE CAUSE (Finel disease or condition	Mota	tuti	, 1	to and	ate	CA	WCP D			Onset and Deat	th
	resulting in death)	DUE TO (C	OR AS A CONSEC	UENCE O	F):	XI C		1000			year	Le
CERTIFICATION	Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING	DUE TO (C	OR AS A CONSECU	UENCE O	F):							
RTIFI	CAUSE (Disease or Injury thet initieted events resulting in death) LAST	DUE TO (C	R AS A CONSEC	UENCE O	F):							
S		d										-91
EDICAL	PART II. Other significent condition	ne contributing to d	eeth but not re	sulting	In the underly	ing couse giv	ven in Pa	PERFOR	AMED?	AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE	00
Σ								_			DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL					D: 40F 0F DE:	AT11 (01)					
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEA	/		_			-
17.5	1 YES 2 NO	28a. DATE OF II		28b. TIM		NJURY AT	-	Other (Specify)	NJURY OCCI	BED.		_
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day	(Year)	IN	IURY	YES 2		ou. DEGOTIBE NOW		INED		
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At hon c. (Specify)	ne, farm, :	street, factory, of	fice	21	81. LOCATION (Street City or Town, State)		r Rurel Rout	e Number,	
<u>—</u>	29a. CERTIFIER	ICIAN. To the best of	or beautiful as a si				Oute to					-
COMPLETE	(Check only one) 2 MEDICAL EXAMIN	ER: On the best of m									nd manner se stated	
8	4	1		-								
BE	296. SIGNATURE AND TITLE OF CERTIFIE	luc Ol	MO	SAA	J FORD	29c. LICEN	NSE NUMBE	A 79	29d. DATE	SIGNED (M	onth, Day, Year)	
0	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM	27) (Trop	Printi	4 1	204	00/	0	2/19	70	_

Reisters

32 REGISTRAR'S SIGNATURE

3. TIME OF DEATH

1:35

10d, INSIDE CITY

1 YES 2X NO

BLACK

Approximata

Onset and Death

1-2 hrs/

Hrs.

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1X YES 2 NO

OF DEATH?

8. BIRTHPLACE (State or Foreign

p.M

N/A

4. SOCIAL SECURITY NUMBER

9e. FACILITY NAME (If not institution, give street end number)

ST. AGNES HOSPITAL

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY. TOWN OR LOCATION OF DEATH

BALTIMORE CITY

KING

6. AGE (In yrs. last birthday)

2. DATE OF DEATH

7. DATE OF BIRTH

2-16-90

17

90

MD.

9c. COUNTY OF DEATH

MONTH 2

HOSPITAL

DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION MARYLAND HOWARD COLUMBIA FUNERAL 10e. STREET AND NUMBER 10a. CITIZEN OF WHAT COUNTRY? 10t. ZIP CODE 6552 WALNUT GROVE 21044 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 X Naver Married 2 Merried 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced CO 16. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) N/A COMPL N/A N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) TE MICHAEL KING CAROL SPRINGETT notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 MICHAEL KING 6552 WALNUT GROVE, COLUMBIA, MARYLAND 21044 be 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 X Cremetion 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or 20c. LOCATION — City or Town, State must METRO CREMATORY BALTIMORE, MARYLAND 4 Donetion 5 Other (Specify) examiner 21. SIGNATURE OF FUNERIAL SERVICE LICENSITE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES Lugaree Ce ×0 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. 21045 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line IMMEDIATE CAUSE (Finel the disease or condition resulting in deeth) Disseminated intravasular coagulation event, DUE TO (OR AS A CONSEQUENCE OF): traumatic . Interstitial pneumonitis NO Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate cause. Enter UNDERLYING CERTIFICAT CAUSE (Diseess or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events recuiting in deeth) LAST 10 injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY Bilateral pneumothorax any 1 XYES 2 NO Shows ICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one Item HOSPITAL: L DR ATTENDING PHYSICIAN: TI L DIRECTOR: After this certificate hours after death with the State liem 28 is marked, or lier OTHER: 1 YES 2 X NO PHYSI 1 Monpatient 2 ER/Outpatient 3 DOA 4 🗋 Nursing Home 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED INJURY 1 X Natural 5 Pending м 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, etreet, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 03 4 Homicide hours COMPLET Item 29e. CERTIFIER
(Check only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner ee stated. FUNERAL E WITHIN 72 h 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated. TO THE HOSPITA
TO THE FUNERA
DE FRED WITHIN 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Best F. Moston, M.D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) D08949 2-19-90 2 BERT F. MORTON, M.D. - ST. AGNES HOSPITAL - 900 CATON AVENUE, 21229

Date-Filed (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Julia Davidson-Bindall 20 1990

ALEXANDRA

5. SEX

1 M 2 X F

DHMH-16 Rev 1/89

notified at be

or other traumatic event, the medical examiner must

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE 0

or item 23 shows any injury,

signed by the attending physician Health and Mental Hygiene prior to has by Dept. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate to filed within 72 hours after death with the State IMPORTANT: If Hem 28 is marked, or Nem

												91	0	0410
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT					YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Lawrence	F			LIPK	A		Pedrua	ry 14	, 19	990		12:15 a _m
,	4. SOCIAL SECURITY NUMBER 215-10-9499A	5. SEX 1)XXM 2 F	6. AGE (In yrs. les	t birthday) YRS.	# UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7, DATE OF B (Month, De)	9 - 10		8. BIRTHE Country MARY	LACE	(State or Foreign
TOR	90. FACILITY NAME (If not institution, give s FRANKLIN SQUAR RESIDENCE OF DECEDENT		TAL		9b. CITY,	TOWN	R LOCATIO	ON OF O	EATH			ITY OF DE	ATH	ounty
DIRECTOR	10a. STATE 10b. COUNTY	1		1	TIM		TION						LI	ISIDE CITY MITS? (ES 2 NO
FUNERAL	100. STREET AND NUMBER	TREET				101	2. ZIP CODE			10g. CITIZ			EN OF WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	STATUS 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA					ENDENT O	can, Puerlo Rican, etc.) Ble Spe W				CE — American Indien, ick, Whita, atc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grede Elementary/Secondary (0-12) 12 YEARS		(G	ive kind of	Work done (se retired.)			st of working			FBUSINESS/INDUSTRY			
BE CON	17. FATHER'S NAME (First, Middle, Last) JOHN LIPKA			H			16. MOTH		AME (First, Middle	, Maiden Su	rname)			
TO B	198. INFORMANT'S NAME (Type/Print) MRS. MARTHA LI	PKA							BALTO			cooo) 1231		
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)	oval from State	HOLP	of dispo	SARY	me of cer	MET	entory or ERY		BALTO		*		
_	HOMATURE OF FUNERAL SERVICE LIN	Kic	zacona	hi	KA			SKI	FUNER ST. B				12	24
	23. P. 1. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cal	t caused the deuse on each line	1.			de of dyi	ng, suc	ch as cardiac	or respira	tory arre	est,	10	Approximate ntarval Batween Onsat and Death
	reaulting in death)		CULAI F			OIT.							-	

CAUSE (Disease or Injury that initiated events resulting in death) LAST Secondary to Gangrene of Right Foot. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

determined

24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 XXIO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:

() Q(Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 X NO 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 1 X Netural 1 YES 2 NO 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated.

Secondary to Cardiac Arrest.

DUE TO (OR AS A CONSEQUENCE OF):

OUE TO (OR AS A CONSEQUENCE OF):

Secondary to Sepsis.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jeffrey Roesch, M.D. 9000 Franklin Square Dr., Balto., 21237

FEB 20

4 Homicide

Sequantially list conditiona,

If any, leading to immediate cause. Enter UNDERLYING

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ter this certificate has been signed by	ath with the State Dept. of Health and A	narked, or item 23 shows any inju-
After this certificate has been signed by	death with the State Dept. of Health and A	s marked, or item 23 shows any inju-
R: After this certificate has been signed by	er death with the State Dept. of Health and I	is marked, or item 23 shows any inju-
TOR: After this certificate has been signed by	after death with the State Dept. of Health and It	28 is marked, or item 23 shows any inju-
ECTOR: After this certificate has been signed by	rs after death with the State Dept. of Health and A	n 28 is marked, or item 23 shows any inju-
DIRECTOR: After this certificate has been signed by	ours after death with the State Dept. of Health and It	tem 28 is marked, or item 23 shows any inju-
L DIRECTOR: After this certificate has been signed by	2 hours after death with the State Dept. of Health and It	f item 28 is marked, or item 23 shows any inju-
RAL DIRECTOR: After this certificate has been signed by	72 hours after death with the State Dept. of Health and It	: If item 28 is marked, or item 23 shows any inju-
UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 provided to the detail of the second to detail the detail of the second to detail the second the second to detail the second to detail the second to detail the second to detail the second the second the second to detail the second the second to detail the second to detail the second to detail the second the second to detail the second to detail the second to detail the second the second to detail the second th	rithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

A DESCRIPTION ASSESSMENT OF A SALES OF THE S					EATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last) Dorothy			L	ittle	eton	2. DATE MORTI	OF DEATH	9	FOR S	2:15P	
4. SOCIAL SECURITY NUMBER 148-12-5848	1 🗆 M 2 💢 F	E (In yrs. lest birthday) 80 vns.	IF UNDER	DAYS H	F UNDER 24 HRS.	3 - Month	OF BIRTH	s. N	BIRTHPI Country) EW	JERSEY	
9a. FACILITY NAME (If not institution, give str 2502 Foster Ave.					ore Cit			9c. COUNTY	OF DEA	TH	
10a. STATE 10b. COUNTY		10c. Cl	TY, TOWN O	R LOCATION	N				10d. INSIDE CITY LIMITS?		
MARYLAND		BAI	LTIMO	ORE					1	YES 2 NO	
10e. STREET AND NUMBER				10f. ZI	IP CODE			10g. CITIZE	TIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO		DENT OF HISPA ty Cuban, Maxica NO Specif	n, Puarto		No- 14. RACE — American Ins Black, White, etc. Specity: WHITE				
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of Me. Do NOT	work done d		of working	16b	. KIND OF BUSI		1121		
8 YEARS		HOMEM.	AKER								
17. FATHER'S NAME (First, Middle, Last)				1	S. MOTHER'S NA	ME (First, I	Middle, Malden S	umame)			
	BUCKERO				?						
19a, INFORMANT'S NAME (Type/Print)	ETON				Number or Rural AVENUE				122	2/1	
MR. BRUCE LITTL		200. PLACE OF DISPO				_ DA	-	ATION — City			
1 Burlai 2 X Cremation 3 Remo	oval from State	GREENMO	UNT	CEME			BAL			MD	
		sed tha death. Do	not antar	the mode			BALT:				
IMMEDIATE CAUSE (Finel	List only one cause on	each line.	Cardio		of dying, suc	ch ss can	disc or respir			Approximeta Interval Batw	
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BALTIMORE, MARYLAND 212

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR	STATE OF MA		PARTMEN TIFICAT			D MENT	AL HYGIENI REG NO.	E	0	04100
1. DECEDENT'S NAME (First, Middle, Last) Ethn	a P.	Lulay				2. DAT MON 2			AR	7:20 A
213-74-0167	□ M 2 💢 F	AGE (In yrs. last birt	'RS. MONTHS		IF UNDER 24 HE HOURS MI	N. (Mor	E OF BIRTH oth, Day, Year) -9-189	5 8. 1	BIRTHPLAC Country) Irel	E (State or Foreign
ga. FACILITY NAME (If not institution, give street Chesapeake Manor RESIDENCE OF DECEDENT		d Care	er	rnol	d LOCATION O	F DEATH		Anne		del
Maryland Anne	Arundel	10	c. CITY, TOWN							INSIDE CITY LIMITS? YES 2 X NO
10a. STREET AND NUMBER 795 Stinchcomb 11. Marital Status	Avenue			101.	ZIP CODE 2114	6		10g. CITIZEN	S.A.	
11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	2. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	13.	If yes, spec	NDENT OF HIS city Cuben, Ma 2 NO S	ixican, Puerto	IN? (Specify Yes Rican, etc.)	or No— 14.	Specify:	mericen Indian, ie, etc.
15. DECEDENT'S EDUCA' (Specify only highest grade co Elamentary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		(Give ki	ENT'S USUAL (ind of work done NOT use retired.)	during most	N t of working	16	b. KIND OF BUS		RY	
Austin Kenne	dy O'Byı		lousewi	16	18. MOTHER'S		Home Middle, Maiden			
190. INFORMANT'S NAME (Type/Print) Pamela Combs		19b. M/					mber, City or Town			244/16
20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	20b. PLACE OF E other place)		ame of cem	etery, crematory	or	20c. LO	CATION — City	or Town, S	
23. PART I. Enter the diseases, or conshock, or heert feilure. Li:	mplications that c	auaed the death.	ce	Georg	Ritch	Gonce ie Hw	Funera	l Home	P.A.	
disease or condition resulting in death)		PS IS	NCE OF):							Iween
Sequentielly liat conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury that infliated events resulting in deeth) LAST		R AS A CONSEQUER								
PART II. Other significant conditione	contributing to de	eeth but not resu	iting in the u	nderlying	cause giver	in Pert i.	24s. WAS AN PERFOR	IMED?	CDM OF E	E AUTOPSY FINDING LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 \(\text{NO} \) NO
	HOSPITAL:		ОТНЕ	R:	ACE OF DEATH					
27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	JURY 28	b. TIME OF INJURY	28c. INJU WOF		28d. D	EŞCRIBE HOW II	NJURY OCCUR	ED	
3 Suicide 6 Could not be 4 Homicide detarmined	28e, PLACE OF I building, at	NJURY — At homa, c. (Specify)	ferm, street, fa	ctory, office			CATION (Street of ty or Town, State)	and Number or I	Rural Route	Number,
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:									ouse(e) end	menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	. Ma	Alterd			29c. LICENSE	NUMBER	1	29d, DATE SI	GNED (Mon	th. Day, Ybar)

PATARSCO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1/10. Print)
SULYA P-MVMDRAMD 203 E

31. DATE FILED (Month, Day, Year)
FEB 2 0 1990

BACIME

AV

3. TIME OF DEATH

4:40

10d, INSIDE CITY

1 YES 2 X NO

White

21225

Approximata Interval Between

Onset and Death

8. BIRTHPLACE (State or Foreign

Maryland

14. RACE — American Indian, Black, White, atc.

YEAR

U.S.A.

Specify:

1990

2. DATE OF DEATH

Sequentielly liet conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initieted events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF):

in attacks

PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 KNO OF DEATH? 1 YES 2 NO

Etho 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only or **EXAMINER?** OTHER: 1 YES 2 1 NO 1 ☐ Inpatient 2 ≥ ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCURED INJURY 1 Matural 54 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide

29a. CERTIFIER

(Chack only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(e) end manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as streed.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mgnth, Day, Year) mp B Bradley 19 190 0042

30. NAME AND ADDRESS OF PERSON WHO COMP ETEO CAUSE OF GEATH (ITEM 27) (Type, Print)

Dr. Albert Bradley 4900 Belair Road Baltimore, Maryland 21206

Julia Purlam Anna FEB 20 1990

DIRECTOR

FUNERAL

BY

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After death

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the death certificate be

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BALTIMORE, MARYLAND retained by 20 Page 6 may death.

13146, BOX 0 RECORDS, VITAL OF DIVISION

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2120	al or at	for use	
NND	ne hospit	detached	once.
3	y th	90	100
BALTIMORE, MARYLAND 2120	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 flours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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MOR	ge 6 m	lirector,	L mus
ALTIN	death. Pa	funeral d	examine
8	ours after	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.	medical
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires	een sign	shows
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REGISTRAR		OLITIII	IVALI	_ 01	DEAL	0.1	P	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH DAY	YEAR 90	3. TIME OF DEATH	
GEORGE WILLIAM							2	16		7:40P	
4. SOCIAL SECURITY NUMBER 219-18-0839	5. SEX 6. AGE (In yrs. las		MONTHS	IF UNDER I YEAR IF UNDER MONTHS DAYS HOURS		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/27/24		6. BIRTHPLACE (State or Foreign Country) Maryland		
99. FACILITY NAME (If not institution, give so ST. AGNES HOSP					IMOR		EATH	90	. COUNTY OF	DEATH	
RESIDENCE OF DECEDENT											
Maryland Ba	ltimore		ry, town o		TION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
100. STREET AND NUMBER 5557 Oakland Road				101. ZIP CODE 21227				10	10g. CITIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WW II				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify if yes, specify Cuben, Mexicen, Puerto Rican, etc. 1 YES 2 NO Specify:							
15, DECEDENT'S EDUI (Specify only highest grade Elementery/Secondery (0-12)	CATION	16e. DECEDENT' (Give kind of	S USUAL O work done	CCUPATION OF THE COURT OF THE C	ON ost of workin	ng	16b. KIN	D OF BUSINE	SS/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +	Manag	ement	An	alvst		S	ocial	Securi	tv	
17. FATHER'S NAME (First, Middle, Last)						_	ME (First, Midd				
John Wm. Lyons							ouise 1		,		
190. INFORMANT'S NAME (Type/Print)		195 MAII IN	G ADDRES	S /Stroot /		-	Route Number, (
Richard D. Lyons							Baltim			nd 21227	
20e. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Rem		20b. PLACE OF DISPO	OSITION (N	ame of ce	metery, cren		Dartin	20c. LOCATI	ON — City or	Town, State	
4 Donation 5 Other (Specify)		Loudon P						Balti	more,	Maryland	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Doll	Hu	ibba		inera	cility al Hom Avenue			Md. 21229	
shock, Dr heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. MASSI	VE BILATERA (OR AS A CONSEQUENCE		LMON	ARY	EMBO	LISM			Interval Batwee	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	CORONARY OR AS A CONSEQUENCE ARY ARTERY OR AS A CONSEQUENCE	OF): SPAS		LINI	CAL	IMPRES	SION)		IWEEK	
resulting in death) LAST PART II. Other significent condition	d	death but not requising	la the u	nd a dula		diseas la	Don't a	e. WAS AN AUT	man I a	4b. WERE AUTOPSY FINDINGS	
			, iii die d		9 00000	917017 117		PERFORMEI	0?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 (P YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL				26 P	LACE DE D	EATH /Ch	neck only one)				
EXAMINER?	HOSPITAL:		OTHE	R:							
1 VES 2 NO 27. MANNER OF DEATH 1 N Netural 5 Pending	26e. DATE OF (Month, D.	INJURY 28b. Ti ay, Year)	-	28c. IN	JURY AT		6 Other (S)	BE HOW INJU	RY OCCURED		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, fa building, etc. (Specify)				1 YES 2 NO			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
onel only		my knowledge, death occu								e(e) end manner se stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LIC	ENSE NUI	MBER	29	d. DATE SIGN	ED (Month, Day, Year)	
James & Tarla M.D.				D11815				2/17/90			
30. NAME AND ADDRESS OF PERSON	O COMPLETED CAUS	SE OF DEATH (ITEM 27) (Ty	De, Print)								

DHMH-16 Rev 1/89

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NG PHYSICIAN: The law rec	fter this certificate has been	eath with the State Dept. of	marked, or Item 23 sh
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NDING PHYSICIAN: The law rec	 After this certificate has been 	or death with the State Dept. of	is marked, or Item 23 sh
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R ATTENDING PHYSICIAN: The law rec	RECTOR: After this certificate has been	urs after death with the State Dept. of	em 28 is marked, or Item 23 shi
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AL OR ATTENDING PHYSICIAN: The law rec	AL DIRECTOR: After this certificate has been	72 hours after death with the State Dept. of	if item 28 is marked, or Item 23 shi
ITAL OR ATTENDING PHYSICIAN: The law rec	RAL DIRECTOR: After this certificate has been	1 72 hours after death with the State Dept. of	: If item 28 is marked, or Item 23 shi
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OSPITAL OR ATTENDING PHYSICIAN: The law red	JNERAL DIRECTOR: After this certificate has been	ithin 72 hours after death with the State Dept. of	NNT: If item 28 is marked, or Item 23 shi
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E HOSPITAL OR ATTENDING PHYSICIAN: The law rec	E FUNERAL DIRECTOR: After this certificate has been	1 within 72 hours after death with the State Dept. of	RTANT: If item 28 is marked, or item 23 shi
HE HOSPITAL OR ATTENDING PHYSICIAN: The law rec	HE FUNERAL DIRECTOR: After this certificate has been	led within 72 hours after death with the State Dept. of	ORTANT: If item 28 is marked, or Item 23 shi
THE HOSPITAL OR ATTENDING PHYSICIAN: The law rec	THE FUNERAL DIRECTOR: After this certificate has been	filed within 72 hours after death with the State Dept. of	PORTANT: If item 28 is marked, or Item 23 shi
D THE HOSPITAL OR ATTENDING PHYSICIAN: The law rec	THE FUNERAL DIRECTOR: After this certificate has been	e filed within 72 hours after death with the State Dept. of	MPORTANT: If item 28 is marked, or item 23 shi
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ mours after or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical e

_ 1	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Lest)	1 1 .	PAUZ	F.	2. DATE OF DEAT	18 9	3. TIME OF DEATH
	4. social Number 058-07-0912	1 - M 2 XF	YRS. MON		7. DATE OF BIRTH	05	BIRTHPLACE (State or Foreign Country) New York
u L	9a. FACILITY NAME (If not institution, give Baltimore County RESIDENCE OF DECEDENT			Randallstown	DEATH	9c. COUNTY Bal	timore
. DINECTOR	Maryland Ba	n ltimore		dmore			10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
TONERAL	7111 Liberty Roa	d		21207			of what country?
5	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 Tyes IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Medic 1 YES 2 NO Spec	enn, Puerto Rican, etc	y Yes or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use reti	lone during most of working ad.)		BUSINESS/INDUST	THY .
5	10th Grade 17. FATHER'S NAME (First, Middle, Last)		Bookkeep	ing Departmen	t We	stern Un	ion
2	Lewis Weston			Mari	e Ernisse		
2	Miss. NAME (Type/Print)			RESS (Street and Number or Rura			de)
	Mrs. Isabel M. W			berty Road B		MD 212	
	1 M Burlet 2 Committee 4 Donetton Committee 21. SIGNATURE OF FURE ALL SAFIVE E	MYZOCZNIEW SPARIN	More	and Memorial 22. NAME AND ADDRESS OF F Loring Byers 8728 Liberty	Funeral	Director	e, Maryland s, Inc.
NOURALINA	23. PART Enter the diseases, or shock, or heart failure the property of the pr	a. CARCI DUE TO (OR AS A	ogeNic	Shock Ardial I			, Approximate Interval Batweer Onset and Death
3	PART II. Other eignificant condition	dons contributing to death I	out not resulting in th	a underlying cause given i	n Part I. 24a. W	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICA	Ventricul Diabetes	AR tachy Mellitu	CARdia			RFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	100	26. PLACE OF DEATH (Check only one)		
THISICIAIN.	1 TYES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 4 D	HER: Nursing Home 5 - Residence			
	27. MANNER OF DEATH 1 Neutural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE H	OW INJURY OCCUR	IED
ED BI	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJURO	Y — At home, farm, streetcify)		281. LOCATION (S City or Town,	treet and Number or State)	Rural Route Number,
COMPLEIED	anal			the time, date and place, and d my opinion, death occured at ti			ause(a) and menner as stated.
	296 SIGNATURE AND TITLE OF CERTIF	Aocha.	M.D.	29c. LICENSE N	0609	29d. DATE S	IGNED (Month, Day, Year)
	30 NAME AND ADDRESS OF PERSON V	OCA 5	401 Old	"Coopt Rd	. RANG	Hallak	OWN, MD
	FFR 2 0 1990	Jandan-M	Median				

DIVISION

THE HOSPITAL

IMPORTANT:

23

BE

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29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Mont)

COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Davidson Hands

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O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p		MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must
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has	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	23
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FEB. 13, M1990 YEAR LENORE LEVIN 2 AM 7. OATE OF BIRTH
DEC. 28, 1900 A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 89 YRS. MONTHS DAYS HOURS "MARYLAND 213-74-2615 1 M 2 XF 9c. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH JEWISH CONVALESCENT CENTER BALTIMORE BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY
LIMITS?
THE YES 2 NO 10c. CITY. TOWN OR LOCATION 10e. STATE 10b. COUNTY MARYLAND BALTIMORE 10e. STREET AND NUMBER FUNERAL 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 2905 FALLSTAFF RD., APT. 45 21209 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 22 IF YES, GIVE WAR OR DATES It yes, specify Cuben, Mexicen, Puerto Ricen, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried WHITE Specify: ΒY 3 Wildowed 4 Olvorced COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementery/Secondery (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Meiden Surname) ISAAC WEINSTEIN MARY GOLDBERG BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DR. HILBERT LEVINE 3505 ARBORWOOD CT BALTO., MD 21208 20 METHOO OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Burlel 2 Cremetion 3 Removal from State ANSHE EMUNAH BALTIMORE, MD 4 Donetlon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or heart failure. List only one cause on each line. intarvai Batween Onset and Death **IMMEDIATE CAUSE (Final** diaaase or condition_ resulting in death) MERID SCLERUSIS CERTIFICATION Sequentially list conditions OH AS A CONSEQU if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diagase or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avents reaulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? 1 TYES 2 TO NO 25. WAS CASE REFERRED TO-MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER

4 Nursing Home 5 Residence 8 Other (Specify) 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending 1 YES 2 NO BΥ Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER 1 MCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) end member se stated.

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29d. DATE SIGNED (Month, Day,

BALTIMORE, MARYLAND 21203-3149	nours after death. Page 5 mm be mained by the huspital or attending pro-	ed in by the funeral directions are secured to removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page from the law requires that the death certificate be executed within 24 nours after death. Page from the law requires that the death certificate by the law requires that the death certificate be executed within 24 nours after death. Page from the law requires that the law requires the law requires that the law requires the law requires the law requires that the law requires the law requir	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dim-	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner insure the notified at once.

FEB 20 1990

July Davidson - Andre

FOR	STATE OF MARYLAND / DI	EDADTRACHT OF UCA	ITU AND MEN	TAL LIVOIENE	20	04111
1 - STATE REGISTRAR	CER	TIFICATE OF D	EATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)			2. D.	ATE OF DEATH	YEAR 3.	TIME OF DEATH
Phyllis Jane I			02		90	3:10P
389-14-0115	5. SEX 1 M 2 X F			TE OF BIRTH Forth, Day, Year) 1 - 26 - 192	S. BIRTHPLI Country)	ACE (State or Foreign
FACILITY NAME (If not institution, give stre	orand number)	96. CITY, TOWN OR L	CATION OF DEATH	9c. C0	P G	Н
RESIDENCE OF DECEDENT					, , -,	
RESIDENCE OF DECEDENT 108. STATE 10b. COUNTY	P. G "	S EABR	OOK - B	OWIE	1	LIMITS?
10e. STREET AND NUMBER 2209 FE 11. MARITAL STATUS 1 Never Merried 2 Married	AN LANE	101. ZIF	20716	10g. C	CITIZEN OF WHA	A COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN U.S. ARMET FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		Cutten, Maxicen, Pue	IGIN? (Specify Yea or No- rto Rican, atc.)	14, RACE — Black, W Specify	American Indian, /hita, etc.
	23 MARCH 44/2ND	1.45	1		F	MITTIE
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Aliddle, Last)	ompleted) " (Give I	DENT'S USUAL OCCUPATION kind of work done during most of NOT use retired.)	working	186. KIND OF BUSINESS/	NDUSTRY	1-
	5 + 1+W	ARDS OFF	-, CER	LED.	CON	1
17. FATHER'S NAME (First, Middle, Last)	LESTER	18	STEL	rst, Middle, Melden Surgara	ORDI.	EN
MARJORIE A.	LAYFIELD 690	AILING ADDRESS (Street and I	AM LAKE	Number, City or Town, State,	Zip Code)	20706
20e. METHOD OF DISPOSITION 1	val from State 20b. PLACE OF other place)		y, crematory or	TO 20c. LOOKTION	— City or Town	Siate A .
FUNERAL SERVICALICE			DDRESS OF FACILITY	4 NCAN I	-4NE	RAL SIS
In my son	Action .	7:0.50	x 162	Z. LAU	104	MU 2010
IMMEDIATE CAUSE (Final	omplications that caused the daeth lat only one cause on each line.	n. Do not enter the mode	of dying, such as	cardiac or respiratory	arreat,	Approximate interval Batweet Onset and Dast
disease or condition resulting in death)	Themon	ત				
	DUE TO (OR AS A CONSEQUE	INCE OF):				
Sequantially flat conditiona, if any, laeding to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS A CONSEQUE	INCE OF:				
If any, laeding to immediata cause. Entar UNDERLYING	Carlossia.					
CAUSE (Disease or Injury that initiated evants	QUE TO (OR AS A CONSEQUE	ENCE OF):				
resulting in death) LAST	chronic olis	tructure per	el monon	disease		
PART II. Other significent conditions	/ 1(suse given in Pert	I, 24a. WAS AN AUTOP: PERFORMED?	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
Jevere HIZMIN	mers disease	1		1 YES 2 NO		OMPLETION OF CAUSE F DEATH?
Cerebral #	tooply				1	YES 2 NO
Severe Althin Cerebral # ioronay dise 26. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 27. MANNER OB-DEATH	ese - indeterm	inate				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		E OF DEATH (Check on	ly one)		
1 TES 2 NO	1 Inpatient 2 ER/Outpatient 3	DOA 4 Nursing Home	Reeldenca 8 🗆	Other (Specify)		
	28e. DATE OF INJURY (Month, Day, Year)	ISb. TIME OF INJURY WORK 1 YES		DEŞCRIBE HOW INJURY	OCCURED	
2 Codeldo	28a. PLACE OF INJURY — At home, building, atc. (Specify)	, farm, street, factory, office	281.	LOCATION (Street and Num City or Town, State)	nber or Rural Rou	te Number,
nee!	IAN: To the best of my knowledge, death					nd manner as stated,
296. SIGNATURE AND TITLE OF CERTIFIER	les MP		C. LICENSE NUMBER	294.)	DATE BIGHED IN	
30. NAME AND ADDRESS OF PERSON WHO		7) (Type Print)	0			700
Peter Eckberg MO	14300 Gallant For		Bowie	MD 20	0715	

THE RESIDENCE PROBLEM AND A SHEET AND A SHEET AND A SHEET AND A SHEET AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASSESSMENT

1 -	FOR STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICALE OF	DEATH	REG. N	VO.	
1. DECEDENT'S NAME (First, Middle, Last) Alvina I	Marski				2. DATE OF DEATH MONTH 02	75 9	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-30-3761	5. SEX 6. AGE	(In yrs. lest birthday) 77 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay Year 4 - 15 -	912	BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution, give 31 N. Curley		1224		or LOCATION OF DE	EATH		OF DEATH
RESIDENCE OF DECEDENT 100. STATE 10b. COUN Maryland	TY		y, TOWN OR LOC ltimor				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
100. STREET AND NUMBER 31 N. Curley S	t. Balto, 1	Md.	1	OF, ZIP CODE	4	10g. CITIZEI	U.S.A.
11. MARITAL STATUS 1 Never Married Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	N U.S. ARMED	If yes, s	ECENDENT OF HISPAN specify Cuben, Mexica S 2 NO Specif	n, Puerlo Ricen, etc.)		. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (9-12) kno	de completed)		USUAL OCCUPAT work done during in se retired.) hire	FION most of working		BUSINESS/INDUS	
17. FATHER'S NAME (First, Middle, Lest) John Eckst					ME (First, Middle, Maio	den Sumeme)	
190. INFORMANT'S NAME (Type/Print) John Marski		19b. MAILING	N. Cur	ley St.	Route Number, City or	Town, State, Zip Co	L224
20a. METHOD OF DISPOSITION TO Burlel 2 Cremetton 3 Rev	moval from State	b. PLACE OF DISPO other place)	SITION (Name of c	emetery, crematory or	20c.	LOCATION — CIT	y or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE	VCENSEE NA	zarkwoo	Mora	tery AND ADDRESS OF FA n-Ashton E. Ball	n Funera	Balto, al Home	e Inc.
Sequenticity liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	(F):	a a			
PART II. Other significent condition	A A	but not recuiting	-	ing cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
		0			1 YES	S 2 NO	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☐ NO	HOSPITAL: 1 Inpatient 2 ER/Ou	tpatient 3 DOA	OTHER:	PLACE OF DEATH (Cr			
27. MANNEB-OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		JURYY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HO		RED
3 Suicide 8 Could not b	28a, PLACE OF INJUR	Y — At home, farm, scify)	street, factory, of	fica	26!. LOCATION (Str. City or Town, S	met and Number or tate)	Rural Route Number,
Torribon Orny	'SICIAN: To the best of my kno NER: On the baels of examinati						cause(e) end manner ae stated.
296. SIGNATURE AND LITLE OF CENTER	IER			29c. LICENSE NU	1	29d. DATE 5	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	-31	EATH (ITEM 27) (Type	e, Print)	, 3	Attrus	MD 21	224
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG						

urs after death. Page 6 may be returned by the huspital or attending ph DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-314

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zermours after death. Page 6 may be immuned by the human directors and completely filled in by the funeral director, and the death of the unit as the death with the State Dept. of Health and Mental Hygiene prior to burial, crecinal on, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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- STATE REGISTRAR			CERTIF	ICAT	E OF	DEATH		REG. NO.				
I. DECEDENT'S NAME (First, Mide							2. DATE	OF DEATH	W	YEAR	3. TIME O	F DEATN
HENRY MARTI								-16-9	0	6		pm
. SOCIAL SECURITY NUMBER 213-07-0326	5. SEX		(In yrs. last birthday)	MONTHS	DAYS	HOURS MIN.	(Month	Day, Year)		a. BIRTN Country	PLACE (Sta	ite or Foreign
e. FACILITY NAME (If not institute			3 Ins.	Oh CIT	Y TOWAL OF	LOCATION OF DE		-07-0	9c. COUN	TV OF D	ATAI	
CHURCH HOSP	ITAL CO		TION			MRE CI			yc. COUN	TY OF DE	EAIN	
	Balti	more	10c. CI BA	LTIM	OR LOCATION	ON CALL Y					10d. INSID	E CITY S? 2 X NO
0. STREET AND NUMBER	8203 Be SS DR.	ar Cree	k Drive	ראיים		21220	2122	2		EN OF W	NAT COUR	ITRY?
1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS I	DECEDENT EVER CES? 1 YES S, GIVE WAR OR	IN U.S. ARMED 2 NO		WAS DECE	NDENT OF NISPAI	n, Puarto F		or No—	Black	- Americ Whita, at	c.
ET-HILL ETCHA	NT'S EDUCATION		16e, DECEDENT'	S LISUAL C	OCCUPATION		166	KIND OF BUS	SINESS/INDI		AAIIT C	=
(Specify only high	nest grade completed)			work done	during most		100.	KIND OF BO.	SINCSS/IND	Jaini		
Etementary/Secondary (0-12) 4th	Conega	(1-4 or 5+)	Crane	Ope	rator			Beth	Stee	1		
. FATHER'S NAME (First, Middle,	Last)					18. MOTNER'S NA	ME (First, A	fiddle, Malden	Sumame)			
==		==				==	=			==		
e. INFORMANT'S NAME (Type/F						d Number or Rural						
Douglas L.	Martin		52	1 Sou	uth 4	8th Str	eet	BAlti	nore l	Md.	2122	4
De. METNOD OF DISPOSITION Burlel 2 Cremetion 3 Donellon 5 Dother (Spe		State 20	ob. PLACE OF DISPO ather place) Metro C	remat	leme of ceme tory	itery, cremetory or Inc.			CATION — C	-	wn, Stata	
1. SIGNATURE OF FUNERAL SE						ADDRESS OF FA	CILITY					
* Connel	les Fu	netal	Home		Conne	lly Fun	eral	Home :	300Ma	ceAv	e. 2	1221
eauiting in death) Sequentially list conditions fany, leeding to immediate		<u> </u>	A CONSEQUENCE		Se	bous	EPSI	ZE	m	100		
rany, teeding to immediate sause. Enter UNDERLYING SAUSE (Disease or Injury hat Initieted evente equiting in death) LAST			IYXOID F		OMA	CH+						Ŕ
PART II. Other significant of	onditions contrib	outing to death	but not reautting	In the u	inderlying	causa given in	Part I.	24a. WAS AN PERFOR	RMED?	24b.	AVAILABLE	OPSY FINDI PRIOR TO ON DF CAUS
							_					2 🗌 NO
S. WAS CASE REFERRED TO MI	EDICAL				26. PL/	CE OF DEATH (C	heck only on	0)				
EXAMINER?	1 Inpe		utpatiant 3 🗆 DOA	4 I No		5 🗀 Realdence	8 🗆 Othe	r (Specify)				
. MANNER OF DEATN 1 Netural 5 Pend	ling	. DATE OF INJURY (Month, Day, Year)			28c. INJU WOF	RY AT		CRIBE NOW	NJURY OCC	URED		
3 Suicide 8 Cou	id not be rmined	PLACE OF INJUI	RY — At home, farm	, street, fa	ctory, office		28f. LOC City	ATION (Street or Town, State,	end Number	or Rural F	loute Numb	er,
and and	NG PNYSICIAN: To the										i) and man	ner aa atate
b. SIGNATURE AND TITLE OF	CERTIFIER					29c. LICENSE NU	MBER	_	29d. DATE	E SIGNED	(Month. Di	ny, Year)
130	nal hi	WDR.	BEENA 1	NAGP	AL	D 306			•	311	6	90
O. NAME AND ADDRESS OF PE	RSON WNO COMPLE	ETED CAUSE OF I	DEATN (ITEM 27) (7)	oe, Print)						1	1	
DR. BEENA N		HURCH REGISTRAR'S SIG	HOSPITA GNATURE	AL C	ORPO	RATION						
EER 2.0 1000	Lig. K	111112	ndella									
1 FD W A 1990	0	-									-	ONMN-16 Re

BALTIMORE, MARYLAND 21203-31 nours after death. Page 6 may be retained by the respital or attending DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

mit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH REG. NO.

. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATI	DAY	YEAR	3. TIME OF DEATH
EDITH		D.		М	OLER		2		16	90	4:10 P
. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	rl	8. BIRT	HPLACE (State or Foreign
215-07-4962	1 🗆 M 2 💢 F	74	YAS.	MONTHS	DAYS	HOURS MIN.	Feb.	h, Day, Yea	1916	Ma	ryland
e. FACILITY NAME (If not institution, give	street end number)			9b. CIT	ry, TOWN O	R LOCATION OF D	EATN		9c. CO	UNTY OF	DEATH
5940 Glen Fall	s_Avenue			В	Baltin	nore					
RESIDENCE OF DECEDENT			40- 013		OR LOCAT						464 MIGINE OUTV
Maryland	. *		100. 011		timor						10d. INSIDE CITY
100, STREET AND NUMBER				buc					Local		1 YES 2 NO
5940 Glen Falls					101	21 20	6		10g. Cl	US	WHAT COUNTRY?
II. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		ARMED X NO	13.		ENDENT OF HISPA relfy Cuban, Maxic 2 NO Spec	en, Puerto			Bla	CE — American Indian, ck, White, etc. White
15. DECEDENT'S EDU (Specify only highest grad		16e.	DECEDENT'S	S USUAL (OCCUPATIO	ON .	161	KIND OF	BUSINESS/II	NOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done	e auring moi	st or working					
8			Dental	e Asi	sista	nt		T	entis	t	
7. FATNER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First,	Middle, Ma	den Sumeme,)	
William Dodd						Pe	arl S	Stayl	or		
9e. INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRES	SS (Street a	nd Number or Rura				Zip Code)	
Patricia Miler			2020	Flir	ntshi	re Rd.	Apt.	301.	Balt	0	MD 21237
0a. METHOD OF DISPOSITION		20b. PLA	CE OF DISPO			netery, crematory or		_	LOCATION -		
Buriel 2 ☐ Cremation 3 ☐ Ran ☐ Donetion 5 ☐ Other (Specify)	moval from State	Bo	altimo	ore (Cemes	eru			Balti	more	. MD
1. SIGNATURE OF FUNERAL SERVICE L	ICENSEP)			22	2. NAME AN	D ADDRESS OF F	ACILITY				ME, INC.
18/ 110	/ / .	0		1 1	$\nu n \kappa + \nu$	1 (' Al	I ENBL	IRG F	UNERA	L HO	ME. INC.
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	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex-	l
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FEB 20 1990

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NDESS F DISPOSITION Cremetton 3 Ref				ED			tle, Maiden Surname)		EF ENGE
Cremetton 3 Rer							City or Town, State, 2		17
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OF FUNERAL SERVICE	ICENSEE JO 14	2			LEVINSON REISTER		S., INC. RD., BAL	TO.,	MD
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DEATH 5 Pending	28e. DATE OF INJU (Month, Day, Ye	URY bar)	28b. TIME OF INJURY	28c. IN.	JURY AT DRK?	26d. DEŞCR	IBE HOW INJURY O		by auto
6 Could not be	28s. PLACE OF IN.	JURY At hon				26f. LOCATIO	ON (Street and Numb Town, State)	per or Rural	Route Number,
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AND TITLE OF CERTIP	Y)				OCME	MBER	29d. D/		D (Month, Day, Year)
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HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	examiner must be notified at once. TO RE COMF	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	he funeral director, page 5 should be detached al. Levaminer must be mutified at once	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the development with the State Debt. of Health and Mental Hyghen princ to burial, cremation, or remova normal and the state of the state

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR CERTIF					MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Норе	Mercer					2. DATE OF DEATH DAY	199	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 279-36-2227 9a. FACILITY NAME (If not institution, give	1 M 2 GF	3. AGE (In yrs. lest birthday) 7 1 YRS.	IF UNDER MONTHS 9b. CITY	DAYS	IF UNDER HOURS	MIN.	7. DATE OF BIRTH (Mgnth, Days Year) 8	9c. COUNTY	Country) MI	
TOR	2014 Clifton	timo	re								
DIRECTOR	10a. STATE 10b. COUNT	гү		Y, TOWN			· (7) 52		d. INSIDE CITY LIMITS?		
	MD		BA	LTII		ZIP COD			10a CITIZE		T COUNTRY?
ERA	2014 CLIFTON	AVENUE			100	212				SA	N OOM IN I
BY FUNERAL	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA		WAS DECENDENT OF HISPANIC ORIGIN? (Specify if yes, specify Cuban, Mexican, Puorto Rican, atc.) 1 VES 2 Jan NO Specify:							
TED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL O	CCUPATIO during mo	ON at of workli	ng	186, KIND OF BUS	INESS/INDUS	STRY	-11-5
COMPLETED	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)	NURSE					NA			
BE COM	17. FATHER'S NAME (First, Middle, Last) UNKNOW	V IV				18. MOT	HER'S NA	ME (First, Middle, Melden S UNKNOWI			
TO B	19a. INFORMANT'S NAME (Type/Print) REED CHOAD	r F						Route Number, City or Town $E/BALTIM($			21218
	202 METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rat 4 Oonation		20b. PLACE OF DISPO	SITION (N	ame of cer	netery, crer	natory or	20c. LOC	ATION — CI	ty or Town	, State MD
	21. SIGNATURE OF TUNERAL SERVICE L	icelogie	THAT!		NAME AI	Ch F	SS OF FA	East			
TION	23. PART i. Enter the diseases, or ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	s. DUE TO () DF):	r tha mo	da of dy	ing, suc			nt,	Approximate Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	c	OR AS A CONSEQUENCE C	OF):							
MEDICAL	CANUER CERVIX, METAJIA 1 PERFORMED? 1 YES 2 J(NO DEL									PERE AUTOPSY FINDINGS WALLABLE PRIDR TO OMPLETION DF CAUSE F DEATH? YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	_	LACE OF D	DEATH (Ch	eck only one)			
РНҮ	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 □ Inpetient 2 □ 28a. DATE OF I (Month, Day		4 🗆 Nu	28c. IN.	JURY AT		8 Other (Specify) 28d. DE\$CRIBE HOW II	JURY OCCU	JRED	
red BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF	INJURY — A1 home, farm, tc. (Specify)	street, fac		1 YES 2 NO 1, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	onel -		ny knowledge, death occur amination and/or investigati								and manner as steted.
BE	296. SIGNATURE AND TITLE OF CERTIF	ER The	ne mo			29c. LIC	20	780	29d. DATE ▶ 2	SIGNED (N	Conth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON V	326FNB,	MD 171	7 G	w4	NN	JAr	K BV. BA	Kim	1/45	MB21207
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REC	OENT'S NAME (First, Middle, La	oLYMPI	A TT SEA	DURETTO			2 0,000	E DEATHS /-	10/00	3. TIME OF OEATH	
1. DECEO	DENT'S NAME (FIRST, MIDDING, LA	DIA	NAR'	RVELIS	15		MONTH	LIGH	19/90 ye	3 1745	
	AL SECURITY NUMBER -30-6982	5. SEX 1 M 2 F	6. AGE (In yrs. I	yrs. MONT	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month). AUGU	Dav. Year)	0	MRTHPLACE (State or Foreignanty) GREECE	
15	LITY NAME (If not institution, gi	the street and number)	MAL	96.0	R LOCATION OF O		9c. COUNTY OF CEATH				
10a. STAT		10c. CITY, TOW	OSTOCK	ION		10d. INSIDE C LIMITS? 1 YES 2					
	REET AND NUMBER				101.	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
	40 OLD FREDER		NT EVED IN II S	ADMED	13 WAS DEC	21163			U.S.	A . RACE — American Indian,	
1 X Nev	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARNED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puarto Rican, stc 1 YES 2 NO Specify:					Black, White, etc. Specify: WHITE	
Elamo	(Specify only highest grade completed) (Give kind life. Do NC life							NKNOWN	INESS/INDUST	RY	
17. FATHE	IT. FATHER'S NAME (First, Middle, Last) WILLIAM MARVELIS					18. MOTHER'S N		liddle, Maiden S			
H .	ORMANT'S NAME (Type/Print) W. MARVELIS			195. MAILING A001							
1 BBur	THOD OF DISPOSITION irial 2 Cremation 3 1 1 onation 5 0 Other (Specify)	20b. PLAC	20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or GREEK ORTHODOX CEMETERY					D, WOODSTOCK, MARYLAND 211 20c. LOCATION — City or Town, State WOODLAWN, MARYLAND			
21. SIGN	UNITED OF STREET ASSESSED						LL C. WITZKE FUNERAL HOME VENUE, CATONSVILLE, MD.212				
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BALTIMORE, MARYLAND 24 irs after death. Page 6 may be retained by the hospit

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial cremmat

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MA		PARTMENT				ENTAL HYGIEN REG. NO.	E			
1	1. DECEDENT'S NAME (First, Middle, Last)						T	2. DATE OF DEATH	-		3. TIME OF DEATN	
	CATHERINE	Μ.	MCCII	LLOUGH				2 17		90	10:42 A™	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birth		1 YEAR	IF UNDER :		7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	212-26-1263	1 🗆 M 2 💢 F	82 Y	NONTHS	DAYS	HOURS		Oct 25 190			ryland	
~	9e. FACILITY NAME (If not institution, give st			9b, CITY	, TOWN	OR LOCATIO	N OF DEA		9c. COU	NTY OF D	EATN	
Ö	2709 Shirey Ave	nue 21214			_Ba]	timo	re	City	ity			
DIRECTOR	10e. STATE 10b. COUNTY		100	. CITY, TOWN O	OR LOCA	TION	_		10d. INSIDE CITY			
E I	Maryland				Da	1+:			LIMITS? 1 YES 2 NO			
	10e STREET AND NUMBER				Dd 10	L TIP CODE	re L	ILY	10g, CIT	IZEN OF V	WAT COUNTRY?	
RA	2709 Shirey Ave	nuo					214				States	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			13	WAS DEC			C ORIGIN? (Specify Yes	_			
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE WAR	YES 2 NO		II yes, sp	ecify Cuban	, Mexicen	Puerto Ricen, etc.)			. — Americen Indian, x, White, etc.	
BY	3 Wildowed 4 Divorced	IF TES, GIVE WAR	OR DATES		I YES	2 × NO	эреспу:			Speci	White	
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립	12		Ret.	News A	meri	can						
COMPLET	17. FATNER'S NAME (First, Middle, Last)					16. MOTH	ER'S NAM	E (First, Middle, Maiden	Sumame)			
BE C	William	A. Mc	Cullough				D	elia	Qu	inn		
	19e. INFORMANT'S NAME (Type/Print)							outa Number, City or Tow				
2	Mary C. Stephe	nson	50	05 Edg	arTe	errac	e B	altimore,	Mary	land	21214	
	20e. METHOD OF DISPOSITION		20b. PLACE OF D other place)	ISPOSITION (No	me of ce	metery, crem	atory or	20c. LO	CATION -	City or To	wn, State	
	1 X Buriel 2 Cremation 3 Remarks A Donetton 5 Other (Specify)	DVal from State	New Cat	hedral	2/2	20/90		В	alti	more	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	J Knight J	22. NAME AND ADDRESS OF FACILITY						21214			
	Leonard J. Ruck, Inc. 5305 Harford Rd.											
	23. PART I. Enter the diseases, or o	complications that c	dishard the death	Do not enter	_						Approximate	
	shock, or heert fellure.			DD HDC OHGA	the mi	oud Di dyn	ng, adon	as cardias b. reap	tatory an		Interval Between Onset and Death	
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CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate	DUE TO (O	AS A CONSEQUEN	CE OF):								
2	CAUSE (Disease or Injury	G										
1	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUEN	CE OF):								
H	leading in death) CAST	d										
2	PART il. Other aignificant condition	a contributing to de	eath but not resul	ting in the u	nderiyir	g ceuee g	lven in I			24b	. WERE AUTOPSY FINDINGS	
CAL								PERFOI			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
											OF DEATN? 1 □ YES 2 🏋 NO	
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A	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DI	EATN /Che	ck only one)				
PHYSICIAN: MEDI	EXAMINER?	HOSPITAL:	R/Outputlant 3 🗆 🗈	OTHE		e M e	oldanoo	B Other (Specify)				
H	27. MANNER OF DEATN	28a. DATE OF IN	JURY 28	b, TIME OF		JURY AT	I I	28d. DESCRIBE HOW	NJURY OC	CCURED		
14	1 Natural 5 Pending	(Month, Day,	Year)	INJURY M	W	YES 2	NO					
BY	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF I	NJURY — At home, 1	larm, street, lac				281, LOCATION (Street	and Numbe	or or Rural	Route Number,	
<u>a</u>	3 Suicide 8 Could not be 4 Nomicide determined	c. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
ш	29e. CERTIFIER		100				Vol10-		- T- V			
MP.	(Check only	ICIAN: To the best of m										
COMPLET		7//	ninition end/or inves	tigation, in my	opinion,	death occur	ed at the	lime, date end place, el	td due to i	Ine ceuse(a) and manner as stated.	
BE	296_SHENAYORE AND STOLE OF DESTIFIE	Hm	_			29c. LICE	ENSE NUM	BER			(Month, Day, Year)	
5	724/ 52	01				(CME			2-17	-90	
-	36, NAME AND ADDITION OF PERSON WH											
	Frank J. Pere		11 Pen	n St	reet		Balti	more	, MD	21201		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR		S								
	FEB 20) 1990 Ful	ia Savidson	pandelle								

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	NING	Afte	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retain	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	2 h

29b. SIGNATURE AND ATTLE OF CENTIFIE

C

1SESSEN1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27) (Type, Print)

July Davidson Randall

MANUAL CARE

BE

2

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Florence B. McCormick MONTH 2 PAY. 10:3(AM 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 220-18-6784 YRS. 4-4-1897 Maryland 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH G.B.M.C. Towson Baltimore DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Towson 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7001 N. Charles St. 21204 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XX NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. ARYLAND 21203-3146 tained by the hospital or attending should be detached for use as the pure FORCES? 1 YES X If yes, specify Cuban, Maxican, Puarlo Rican, atc.)

1 YES XX NO Specify: 1 Naver Merried 2 Merried Specify: White the hospital or attending and detached for use as the pro-BY 3 X Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 8 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 76 Richard Benson Mamie Van Lil BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Katherine B. Williams 204 Sanford Ave. Baltimore, Maryland 21228 be 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 20a. METHOD OF DISPOSITION

X Xeurlei 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) must Woodlawn Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROBERT M. Kratz examiner 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home Inc. rover 6500 York Rd. 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one cause on each line. medical **Approximate** Interval Between IMMEDIATE CAUSE (Finel Onset and Death INSUFFICIENCY & ARCOST the disease or condition DUE TO (OR AS A CONSEQUENCE DF): resulting in death) or other traumatic event, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST injury, PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in flart i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Wubon PERFORMED? AVAILABLE PRIOR TO DSV 50POROSIS COMPLETSION 23 shows any COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) or item HOSPITAL OTHER:
4 | Nursing Home 5 | Rasidence 8 | Other (Specify) OSPITAL:

Inpetient 2 ER/Outpetient 3 DOA 1 YES 2 NO 28e. DATE OF INJURY (Month), Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending NONE М BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town State) 3 Sulcide 40 ED 4 Homicide 28 detarmined E Herm 29a. CERTIFIER 1 CERTIFYING PIN SICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL TO THE HOSPITAL TO THE FUNERAL (be filed within 72 h 2 MEDICAL EXAMINER: Of the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29d. DATE SHOWED (Month) Day, Your)

4/4/

29c. LICENSE NUMBER

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+ 5 -4 + 2 P

BALTIMORE, MARYLAND 21203-314 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within conclus after death. Page 6 may be retained by the hospital or attending TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146, IMPORTANT: It Item 28 is market

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	traumatic event, the medical examiner must be notified at once.	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

. DECEDENT'S NAME (First, Middle, Last)						DEATH	REG. NO			3. TIME OF DEATH
	FRANCES	OTON					FEB. 17	199	YEAR	11:31 P
, SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	-	IF UNDER 24 HRS.	7. DATE OF BIRTH		A BIST	HPLACE (State or Foreign
213-32-0164	1 M 2 X F	53	YRS.	MONTHS	DAYS	HOURS MIN.	APR. 26	1936	Cour	MARYLAND
s. FACILITY NAME (If not institution, give						LOCATION OF D		9c. COU	INTY OF I	
BALTIMORE COUNTY	Y GENERAL	HOSPITA	AL	i	RANDA	ALLSTOWN			BA	LTIMORE
RESIDENCE OF DECEDENT 10b, COUNT	ry		10c, CIT	Y. TOWN O	R LOCATIO	ON				10d. INSIDE CITY
MARYLAND BA	ALTIMORE				LTIMO					LIMITS?
De. STREET AND NUMBER					101.	ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?
4765 BONNIE BRAN	E RD.					21208			USA	
I. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	RMED	13.	WAS DECE	NDENT OF HISPAI	NIC ORIGIN? (Specify Ye	s or No-	14, RAC	E American Indian,
Never Married 2 Married Wildowed 4 Divorced	FORCES? 1		NO		If yes, spec		n, Puerto Ricen, etc.) y:		Spec	ck, White, etc. WHITE
15. DECEDENT'S ED	UCATION le comoleted)	16a. D	ECEDENT'S	USUAL O	CCUPATION	N t of working	18b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	B. Do NOT us				T 70 To 7	(ratio T N	DEDC	(CDEENI)
12			SECRE	TARY				`	BERG	&GREEN)
7. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, Maider A BERLIN	,		
AARON FRANK		1.								
ALLAN FRANK		19				RD.	BALTIMORE			207
	-	20h Bi ACS				etery, crematory or				own, State
te. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rec Donellon 5 Other (Specify)	moval from State	other p	place)	SHIPON (Na	BINE OF CHITH	stery, crematory or	200 50	CATION -	- City of 1	own, state
Dottellott 3 Li Other (Specify)										
1. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	- M	ORKME			D AODRESS OF FA		AL.TIM	IORE,	MD
SIGNATURE OF FUNERAL SERVICE L	ICENSEE		ORKME		NAME AN		CILITY			MD
+ allense	e Le	uns	on	22.	SOI	L LEVINS	SON &BROS,	INC	MORE	E, MD 2121
· allense	complications the	UWW It caused tha d	On leeth. Do r	22.	SOI	L LEVINS	SON &BROS,	INC	MORE	Approximata interval Between
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32, BEGISTRAR'S SIGNATURE

1 - STATE REGISTRAR 1, DECEDENT'S NAME (First, Middle	Last)	CERTIF	ICATE OF	DEATH	2. DATE	REG. NO.		3. TIME OF DEATH	
Dr. Henr					MONTH		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	0 12:30P	
4. SOCIAL SECURITY NUMBER		L AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	s. 7. DATE	OF BIRTH	8.	BIRTHPLACE (State or Foreign	
215-32-1819	1 M 2 F	83 YRS.	MONTHS DAYS	HOURS MIR	JAN	N. 25, 19	07	POLAND	
9a. FACILITY NAME (If not institution	, give street and number)		9b. CITY, TOWN	OR LOCATION OF			9c. COUNTY	OF DEATH	
6405-D APOLLO I			BALTIMO	RE					
	COUNTY	10c. CF	TY, TOWN OR LOCA	TION			10d. INSIDE CITY		
MARYLAND		BAL	BALTIMORE				LIMITS?		
10e. STREET AND NUMBER			10f. ZIP CODE 21209				OF WHAT COUNTRY?		
6405-D APOLLO	6405-D APOLLO DR.						usa		
11. MARITAL STATUS 1 Never Married 2 Merrie 3 Wildowed 4 Divorced	FOROTCO 4	EVER IN U.S. ARMED YES 2 MO R OR DATES	If yes, s	CENDENT OF HIS pecify Cuban, Me S 2 NO Sp	xican, Puerto F		r No 14.	BACE — American Indian, Bleck, White, etc. Specify: WHITE	
15. DECEDENT (Specify only higher		16e. DECEDENT'S	S USUAL OCCUPAT	ON of working	18b.	KIND OF BUSIN	IESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	ost or working					
	5+	PHYSI	CIAN		1	MEDICIN	E		
17. FATHER'S NAME (First, Middle, L MORITZ NAGEL	est)				N SELT	Middle, Maiden Su ZER	meme)		
19s. INFORMANT'S NAME (Type/Pri	r)	19b. MAILIN	G ADDRESS (Street	and Number or Ri	ural Boute Numi	her City or Town	State Zin Co	del	
MISS SOPHIA NA			APOLLO I						
20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 I 4 Donation 5 Other (Specia		20b. PLACE OF DISPO	E HEBREL	metery, cremetory	or			OWN, MD	
23. ART Inter the disease of heart for the condition	allure. List only one cause	e on eech line.	not enter the m	ode of dying,	such as card	flac or respira		Approximate interval Betwee Onset end Dec	
resulting in death)	DUE TO (C	OR AS A CONSEQUENCE	OF):		()			3,007	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	OR AS A CONSEQUENCE OF						1/13	
	d							1	
PART II. Other eignificent co	oditions contributing to d			-	n in Part i.	24a. WAS AN A PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MED				LACE OF DEATH	(Check only or	10)			
EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 Paside	nce 8 🗆 Othe	er (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pendir	28a. DATE OF II (Month, Day		ME OF 28c. II	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE HOW IN	JURY OCCUI	RED	
2 Accident Invest 3 Suicide 8 Could 4 Homicide determ	pation 28e. PLACE OF building, e	INJURY — At home, farm tc. (Specify)			28f. LOC	11. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
(Orbon Gray)						to the ceuse(a) end menner es stated. time, data and place, and due to the cause(a) end manner as state			
296. SIGNATURE AND TITLE OF CO	OKbus 19			29c. LICENSE	NUMBER 0 6 9 9	R 29d. DATE SIGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERS			pe, Print)		79(1		-/	. 3/10	
E. Lee Robb		os York P		ari.lle	m. :	21093			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or min. TO THE FUNERAL DIRECTIOR, After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

PHYSICIAN:

BY

COMPLETED

BE 2

	1 - FOR STATE REGISTRAR	STATE OF MA				HEALTH AND DEATH	MENTA	AL HYGIEN REG. NO				
,	1. DECEDENT'S NAME (First, Middle, Last) Marta			C	lsen		MDN	b. 17	1990	YEAR	3. TIME OF DEATH 2:45 A M	
	4. SOCIAL SECURITY NUMBER 213-32-6493	1 🗆 M 2 🗙 F	SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 Hrs. 7. DATE OF BIRT'N (Month, Day, Year) Feb. 22, 1							8. BIRTHPLACE (State or Foreign Country) 1912 Maryland		
TOR	99. FACILITY NAME (If not institution, give 2434 Chetwood C	9	Timor	or location of	DEATH	9c. COUNTY OF DEAT						
DIRECTOR	10e. STATE 10b. COUNT	imore			imoniu						10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
BE COMPLETED BY FUNERAL	2434 Chetwood					21093			U.S	S.A.		
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT I FORCES? 1	YES 2 XI	NO	If yes, a	CENDENT OF HISP pecify Cuben, Mexi S 2 NO Spec	cen, Puerto	IN? (Specity Yes Ricen, etc.)	o or No— 14	Black,	- American Indian, White, etc. White	
	15. DECEDENT'S EDI (Specify only highest gradi Elementery/Secondery (0-12) 11 Grade								siness/indus			
	17. FATNER'S NAME (First, Middle, Leet) Andrew M. Anderson 18. MOTNER'S NAME (First, Middle, Meiden Sumeme) Gurine Isaksen											
0	190. INFORMANT'S NAME (Type/Print) Egil Louis Olsen	(Same	as lin	e 10)		mber, City or Tow	rn, State, Zip C	ode)				
	20a. METNOD OF DISPOSITION 1		other pl	lace)						ille, Md.		
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE Paul T. Lochstampfor 22. NAME AND ADDRESS OF FACILITY Dulaney Valley Home of Lemmon Wiedefeld, Inc., 10W. Padonia											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a.									Approximata Interval Batwaen Onset end Death		
ATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										13 yrs	
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	R AS A CONSE	SEQUENCE OF):									
EDICAL C	PERFORMED?								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?			
H											1 YES 2 NO	

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA 1 YES 2 NO 51 Reeldence 8 Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?

1 YES 2 NO 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street end Number or Rural Route Number, 8 Could not be determined 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated.

2 MEDICAL EXAMPLER: On the beste of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner se stated.

29d. DATE SIGNED (Month, Day, Year)

30, NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Loui CSEVAD 0 10/2 DLD 21224

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21203-3146

MEDIC/
PHYSICIAN:
BY
LETED

	3-8-90 CM FOR 1 STATE	STATE OF MARY	'LAND / DEPA	RTMENT O	F HEALTH AND	MENTAL HYGIEI	NE .	90 0412;	
	1 - STATE REGISTRAR				F DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH	
	ANDREW			PLOTKIN			6 90		
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday			7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign	
J.B.	277-46-9239	XX M 2 D F	32 YRS.	MONTHS DA	YS HOURS MIN.	7/17/57		OHIO	
	9a. FACILITY NAME (If not institution, give :	street and number)		96. CITY, TO	WN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH	
	North Arundel H	Jospital		Gle	n Burnie		Anne	Anne Arundel	
5	RESIDENCE OF DECEDENT						1 Milk		
DIRECTOR	OHIO 106. COUNT	b. COUNTY 10c. CITY, TO BE			WN OR LOCATION ACHWOOD			10d. INSIDE CITY LIMITS? Y YES 2 NO	
AL	10e. STREET AND NUMBER				101, ZIP CODE		tog. CITIZEN	OF WHAT COUNTRY?	
ER	25896 FAIRMOUNT	BLVD.			44122				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specity Vi	a or No 14.	. RACE — American Indian,	
В	Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE IF YES, GIVE WAR OR		If ye	, specify Cuban, Mexic YES 2 NO Speci			Specify: WHITE	
ED	15, DECEDENT'S EDU (Specify only highest grade	ICATION	16e. DECEDENT	'S USUAL OCCUP of work done durin	PATION	186. KIND OF BU	JSINESS/INDUS	TRY	
COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5+)	ille. Do NOT	use retired.)	y most or working				
AP.	12		ELE	CTRICIA	N	I	ELECTRI	CAL	
Ö	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N.	AME (First, Middle, Maide	n Surname)		
ш	DR. CHESTER L.	PLOTKIN			JoP	NN ROSE	NBERG		
B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (St	eet end Number or Rural	Route Number, City or To	wn, State, Zip Co	de)	
2	CLEVELAND TEMPLE	MEM. CHAPEL	1985	S.TAYL	OR RD.	CLEVELAND I	HTS., C	н 44118	
	20e. METHOD OF OISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or other place) 20c. LOCATION — City or Town, State other place)								
	4 □ Donation 5 □ Other (Specify) HILLCREST 21. SIGNATURE OF FUNERAL SERVICE L/CENSEE/ 22. NAME AND ADDRESS OF FACILITY								
	SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215								
	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST	с	S A CONSEQUENCE						
	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
PHYSICIAN: MEDICAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? TX YES 2 NO 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 14 YES 2 NO								
ÿ									
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			6. PLACE OF DEATH (C	heck only one)			
KSI	1 YES 2 NO								
	26a. DATE OF INJURY Netural 5			INJURY	: INJURY AT WORK?	28d. DESCRIBE HOW RAN IN FR	WINJURY OCCURED RONT OF A AUTO		
TED BY				At home, term, street, fectory, office 28t. LC			it, LOCATION (Street end Number or Rural Route Number, City or Town, State)		
COMPLET	29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated. 25 MEDICAL EXAMINER: On the basis of aumination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end manner ee stated.								
BE CO	SO SIGNATURE AND TITUE OF CERTIFIE) m		29c. LICENSE NU	JMBER		IIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
	Mario F. Goll	1/			n Street	Balt	timore,	MD 21201	

31. DATE FILED (Month, Day, Year)

90 04124

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 . CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 17, 1990 1. DECEDENT'S NAME (First, Middle, Last) 3:00a M Earl M. Pinning 7. DATE OF BIRTH
(Month, Den Year) 930 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN. 1 M 2 F 60 Maryland YRS. 9a. FACILITY NAME (If not institution, give street and number) Sc. COUNTY OF DEATH
Baltimore 9b. CITY, TOWN OR LOCATION OF DEATH Middle River 2268 Southorn T. Road DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore Middle River 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 2268 Southorn Road 21220 USA 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES specify: White BY 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 18b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade complete H Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8th Service Manager Langford Limited once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Earl Martin Sr. Thelma Harrison F BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Boute Number City or Town State Zio Code 2 2268 Southorn Road Baltimore Md. 21220 Patricia Pinning be 20s. METHOD OF DISPOSITION
1 💢 Burial 2 🗆 Cremation 3 🗆 Removal from Stata
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, Stata must Holly Hill Cemetery Baltimore Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home 300MAceAve.21221 unda the medical 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory srrest, shock, or heart failure. List only one ceuse on sech line. Interval Between Onset and Death IMMEDIATE CAUSE (Final congestive least fortine some do disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): one day erden c traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING hourd Heart CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 Injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Dubetes mellities shows any 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Item EXAMINER? HOSPITAL:
1 | Inpetiant 2 | ER/Outpetiant 3 | DOA OTHER: 4 - Nursing Home 5 Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY 286. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked. 1/ Natural S Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 40 COMPLETED 50 Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CENTIFICE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 30. NAME AND ADDRESS OF PLASMI WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Balta, md 2 Enter a Blod 32. REGISTRAR'S SIGNATURE

Kriden Pandett

DIVISION OF VITAL RECORDS, P.O. BOX 13146, and con burial, death certificate be that the has b. Dept. AMP. OR ATTENDING PHYSICIAN: this c DIRECTOR: A THE HOSPITAL O THE FUNERAL D filed within 72 ho

the hospital or attending pro-detached for use as the bur-

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BALTIMORE, MARYLAND 21203-3146

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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME			HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Elizabeth M.	Phares	え		DATE OF DEATH DAY	YEAR 90	3. TIME OF DEATN 400 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. lest birthday) IF UN		UNDER 24 HRS. 7. E	OATE OF BIRTH		PLACE (State or Foreign	
	217-62-9206	1 M 2 DF 74	YRS.	IS DAYS HOL	UNS MIN.	10-11-191			
DIRECTOR	9e. FACILITY NAME (If not institution, give	street and number)	96. 0		OCATION OF DEATH	9c.	COUNTY OF D	EATN	
	Harbor Hospita	al Center		Baltimo	ore Ci	Lty	=====		
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY	10c. CITY, TOW	N OR LOCATION				10d, INSIDE CITY	
E	Maryland Anne	e Arundel	Baltin	nore				LIMITS?	
	10e. STREET AND NUMBER	3 111 WIGOT	Daron	10f. ZIP	CODE	100	. CITIZEN OF V	HAT COUNTRY?	
FUNERAL	5228 Patricl	k Henry Drive		2	21225		U.S.	Α.	
N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U		13. WAS DECENDE	ENT OF HISPANIC O	RIGIN? (Specify Yee or N	0- 14. RACE	- American Indien,	
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	2 K NO				Speci			
								White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION le completed)	16a. DECEDENT'S USUA (Give kind of work do life. Do NOT use retire	ne during most of	working	16b. KIND OF BUSINES	S/INDUSTRY		
빌	Elamentary/Secondary (0-12)	College (1-4 or 5+)		,		17. 37			
M	10th Grade		Housewij		140THERIO 1144F (Home Ma			
	Rudolph A.	Oswald		18.					
BE	19a. INFORMANT'S NAME (Type/Print)	USWAIG	19b. MAILING ADDR	FSS (Street and N	Elizabe	Number, City or Town, Sta	inaugh		
2	Charles K. Pi	names				re Baltimo		24225	
	20a. METHOD OF DISPOSITION	20b. I	PLACE OF DISPOSITION				ON — City or To		
	1 X Burial 2 Cremelion 3 Ren 4 Donetion 5 Other (Specify)	moval from State	other place) leadowridge					Maryland	
	21. SIGNATURE OF FUNERAL SERVICE L			22. NAME AND A	DDRESS OF FACILIT	Υ			
	Delama.	Frameral	mela.			e Funeral			
	, , ,					Iwy Baltin			
	23. PART 1. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert feliure. List only one cause on each tine. IMMEDIATE CAUSE (Final disease or condition								
	disease or condition resulting in death) a. Acute Responding failure DUE TO (OR AS A CONSEQUENCE OF): S/P My 0 cardia Infaultion								
Z	SIP Myocardia Infullion								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
2	CAUSE (Disease or Injury								
Ē	that initieted events resulting in death) LAST								
E	d. [] 10 2 () 3								
CAL	PART ii. Other significant condition					i. 24a. WAS AN AUTO PERFORMED		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DIC	ATTIAL ARRHYTHMIAS 1- YES 2 NO					NO	COMPLETION OF CAUSE OF DEATN?		
MEDI	10						1 - YES 2 - NO		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE	OF DEATH (Check of	anly one)			
YSI	1 TYES 2 NO	1 Inpetient 2 ER/Outpe	flent 3 DOA 4 D		☐ Residence 8 ☐	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY WORK?		J. DESCRIBE HOW INJUR	Y OCCURED		
ВУ	1 Netural 8 Pending 2 Accident Investigation M 1 YES 2 NO								
	3 Suicide 8 Could not be 4 Nomicide 6etermined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								
ETED.	DOL OFFICIER ALL.								
AP.	29e. CERTIFIER (Check only one) Certifying PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the ceuse(e) end manner se stated.								
COMPL	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated.								
BE (29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)								
TO E	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) CARlos A- CONRASO HAY bor Harpital Canda							19-90	
	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)								
	CARlos			644	TYOOY	Trapida	X E	and de	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE								

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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

College (1-4 or 5+) Sementary Secondary (0-12) College (1-4 or 5+) 9th grade Standard First, Michael, Late) Riley Strawderman Susant First, Michael, Late) Patricia A. Stevens 109 Patricia Ave. Linthicu Patricia A. St	EG. NO.		
## ADORAL SECURITY NAMES S. SEX S. AGE (in yrs. leaf bidness) Purple Purple	EATN		3. TIME OF DEATN
1. SOCIAL SECURITY NUMBER 1. SET ALL SECURITY NUMBER 1. SET ALL SECURITY NUMBER 1. SET ALL SECURITY NUMBER 6. SET ALL SECURITY NUMBER 6. SET ALL SECURITY TOWN OR LOCATION OF DEATH BALLIMOTE CITY 10. COUNTY 10. COUN	1.8	YEAR 90	3:49P
214-22-8155 1			PLACE (State or Foreign
18. CETTY, TOWN OR LOCATION OF DEATH 18. CETTY, TOWN OR LOCATION OR DEATH 18. LOCATION OR DEATH 18. CETTY, TOWN OR LOCATION OR DEATH 18. CETTY	(Year)	Country)
Baltimore City Maryland Baltimore DECEDENT			Virginia
Designation of Decedent 100. COUNTY Maryland So. STATE 100. COUNTY Maryland So. STATE 100. COUNTY Maryland So. STATE 100. STATE AND NUMBER 100. STAT	9c. COI	DUNTY OF DE	ATN
Designation of Decedent 100. COUNTY Maryland So. STATE 100. COUNTY Maryland So. STATE 100. COUNTY Maryland So. STATE 100. STATE AND NUMBER 100. STAT			
Maryland 0s. STREET AND NUMBER 661 S. Wickham Road 10f. ZIP CODE 666 S. Wickham Road 10f. ZIP CODE 667 S. Wickham Road 10f. ZIP CODE 11 YES 2 ZINO 12 YES 2 ZINO 13 YES CODE 14 YES 2 ZINO 15 YES 2 ZINO 16 YES 2 ZINO 16 YES 2 ZINO 17 YES 2 ZINO 17 YES 2 ZINO 18			
AS THEET AND NUMBER 661 S. Wickham Road 21229			10d. INSIDE CITY LIMITS?
AS THEET AND NUMBER 661 S. Wickham Road 21229			TYPES 2 NO
I. MAST LASTATUS 12. WAS DECEDENT FUR IN U.S., ANMED 13. WAS DECENDENT OF HISPANCE ORIGINAT (per process? 1 Ves 2 No 1 Ves 3 No No No No No No No	10a. Cl	ITIZEN OF WI	HAT COUNTRY?
I. MAST LASTATUS 12. WAS DECEDENT FUR IN U.S., ANMED 13. WAS DECENDENT OF HISPANCE ORIGINAT (per process? 1 Ves 2 No 1 Ves 3 No No No No No No No			
Wildowed 4 Directed If Yes, give wark or dates 1 Yes 2 Xivo Specify:		.S.A.	
Wislowed 4 Directed IP YES, GIVE WAR OR DATES 1 YES 2 XNeo Specify:	ecify Yea or No-	14. RACE -	- American Indian, White, atc.
18. DECEDENTS USUAL OCCUPATION (Speedy only highest) grade completed) Elementery/Secondary (0-12) Other grade Parade Susan E. Straw Susan E. Straw 19. MAILING ADDRESS (Street and Number or Paral Route Number, City (Farth Number of Paral Route Number, City (Farth Number of Paral Route Number, City (Farth Number of Paral Route Number, City (Farth Number) Patricia A. Stevens 19. MAILING ADDRESS (Street and Number or Paral Route Number, City (Farth 12) Patricia A. Stevens 10. Patricia Ave. Linthicu 10. MAILING ADDRESS (Street and Number or Paral Route Number, City (Farth 12) Patricia A. Stevens 10. Patricia Ave. Linthicu 10. Mailing Address of Parallery 11. SIGNATURE of Pulserals, Service Licenses 10. Patricia Ave. Linthicu 20. METADO or Disposition (Name of correlate), correlatory or Metadowridge Memorial Park 11. SIGNATURE of Pulserals, Service Licenses 12. NAME AND Address of Facility Hubbard Funeral Home 4.10.7 Wilkens Ave. B 22. Part I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or shock, or heart feligire. List only one cause on each line. MMEDIATE CAUSE (Fined Idlesses or condition a. Arteriosclerotic Cardiovascular Disease Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): 1. S. WAS CASE Reference To MEDICAL Examinest 2. S. Date Cor RULVEY 2. MANNER OF DEATH 2. S. Date Cor RULVEY 2. S. Date Cor RULVEY 2. S. Date Correlated to the United Street 2. S. Date Correlated to the Un	, 4100)	Specify	<i>/</i> :
Specify only highest grade completed			White
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S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Xeatence 8 Other (Specify) 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 DOA 4 Nursing Nome 5 Xeatence 8 Other (Specify) 2 Accident 3 Suicide 8 Could not be determined 2 Sec. DATE OF INJURY (Month, Day, Year) 2 Sec. INJURY AT WORK? M 1 YES 2 NO 2 Sec. INJURY AT WORK? M 1 YES 2 NO 2 Sec. INJURY AT WORK? M 1 YES 2 NO 2 Sec. INJURY AT WORK? M 1 YES 2 NO 2 Sec. INJURY AT WORK? M 1 YES 2 NO City or Town 2 Sec. INJURY AT WORK? M 1 YES 2 NO 2 Sec. INJURY AT WORK? MONICIDE 2 Sec. INJURY AT WORK? MORICIDE 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 2 Sec. INJURY AT WORK? 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 2 Sec. INJURY AT WORK? 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 2 Sec. INJURY AT	. WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
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EXAMINER? To yes 2 NO			
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2 Accident 3 Suicide 4 Nomicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION City or Town City	BE HOW INJURY O	OCCURED	
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4 Nomicide determined building, etc. (specify) City or fow: City or	N (Street and Numb	ber or Rural R	oute Number,
(Check only 1 CERTIFFING PAYSICIAN: 10 the basis of my knowledge, death occurred at the time, data and place, and due to the cause(s) of MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and possible properties. 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) of the cause(s) of the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) of the cause			
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and p 9b. SIGNATURE AND TITLE OF CENTREE 29c. LICENSE NUMBER 9. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)) and menner as a	stated.	
29c. LICENSE NUMBER 29c. LICENSE NUMBER 8. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	place, and due to	the ceuse(s)	and manner as stated
9. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			
	29d, D/	ATE SIGNED	(Month, Day, Year)
Ann M. Dixon, M.DDeputy 111 Penn St., I	Baltimo	ore, M	D 21201
1. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE			
FFB 20 1990 Julia Davidson-Randall			

urs after death. Page 6 may be retained by the hospital or attending physic DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as fine burds be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be nutified at since. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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ION OF VITAL RECORDS, P.O. BOX 13146,	NDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending p	3. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by the detached for use as the byte of the byte of the detached for use as the byte of the by
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICAII	LOP	DEAL		2. DATE OF DEA			3. TIME	OF DEA	TH
	RUTH NAOMI	PO	LOSKEY						MONTH 2	16	90	3:2	24	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	ast birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DAT			7. DATE OF BIRT (Month, Day, Ye	DATE OF BIRTH		THPLACE (oreign	
	219-05-0741	1 ☐ M 2 🛣 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	4/5/1			rylaı	nd	
	9e. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE	ATH	9c. CO	UNTY OF	DEATH		
FUNERAL DIRECTOR	3117 Baker Stree	et				Bal	timo	re						
5	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d. (N	SIDE CIT	v	
DIR	Maryland				Balt							Lik	WITS?	
1	10e. STREET AND NUMBER				5020		. ZIP CODI	E		10g. CITIZEN OF W				
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	3 Widowed 4 Divorced											V	Vhit	e
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(Give kind of te. Do NOT u	work done	during mo	ON st of workin	ng	16b, KINO C	F BUSINESS/II	NDUSTRY			
E E	Elementery/Secondary (0-12)	College (1-4 or 5 +) "		ker				Rai	kerv				
ME	17, FATHER'S NAME (First, Middle, Last)			ра	ker		16 MOTI	HED'S NA	ME (First, Middle, N			_	_	
	Charles		Klien						Beatri					
B	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a		-	Route Number, City			5	_	
5	Henry Poloskey								altimor			216		
	20e. METHOD OF DISPOSITION	22.00	20b. PLAC	E OF DISPO						De. LOCATION -			•	
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	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE D A			22.	NAME A	ND AODRE	SS OF FA	CILITY					
	> Chintoolog +	1. Mile	-						al Home					
	23. PART i. Enter the diseases, or c	omplications tha	caused the r	death Do					Ave. B				212	
	ahock, or heart fallure.						ac or ay	mg, out	11 00 0010100 01	roopiiotory c		In	itarval E	Between
	IMMEDIATE CAUSE (Final disease or condition	Urmort	Hypertensive cardiovascular disease							HISOL OH	a Daatti			
	resulting in death)	-	(OR AS A CONS			ocure	ar ar	LSEas	ье 					
7														
0	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	EQUENCE O	F):									
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	h												
CERTIFICATION	that initiated events	DUE TO	(OR AS A CONS	EQUENCE O	F):									
ER	resulting in death) LAST	1												
-	PART II. Other algnificant condition	a contributing to	death but not	resulting	in the u	nderlyin	g cause :	given in	Part i. 24s. W	AS AN AUTOPS	Y 2	4b. WERE A	UTOPSY I	FINDINGS
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ED									_ ' ' '	1E3 240 NO		DF DEA	TH?	NO
2									_ I	nquiry				
M	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF D	DEATH (Ch	eck only one)					
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHE		10 5 X R	eeldence	6 Other (Special	(v)				
H	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. Til	-	28c, IN.	JURY AT		28d. DESCRIBE		CCURED			
BY P	1 Natural 5 Pending 2 Acoldent Investigation	(Monar, E	wy, rowr)	Bre .	M		YES 2	NO						
	3 Suicide 6 Could not be		F INJURY — AI I	home, farm,	street, lac	tory, offic			281. LOCATION (City or Town,		ber or Run	I Route Nu	mber,	
1	4 Homicide determined									,				
1	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge,	death occur	red at the	time, date	and place	, end due	to the ceuse(e) e	nd menner ee s	tated.			
0.	CONTROL OF THE CONTRO											a(a) and m	99 19009	etated
OMP	2 MEDICAL EXAMINE	H: Un the bests of e	AMITWINICION MINUX	or investigati	on, in my	-parition,			mino, sale and pr	ice, end due to	tile cade	0(0) 0110 (111		44-10-01
	2 2 MEDICAL EXAMINE	1	Mariamanon andre	or investigati	, in my			ENSE NUI				ED (Month,		
BE COMPLETED	2 (2) MEDICAL EXAMINE	4	MATHEMATICAL METAL	or investigati										_

111 Penn Street

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Frank J. Peretti
31. DATE FILED (Month, Day, Year)

Baltimore, MD 21201

	To a second	transfer parmit. Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203 3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the mouthin or minimum or mount of the mountain or minimum or mountain or mountain or minimum or mountain or mounta	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deturned in row or the funeral by the attendance of the burd of the burd of the burd of the funeral state of the funeral sta	be life what it had a state obsure with the State beging in regain and mental regions, to consequence. IMPORTANT: If hem 28 is marked, or hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	1. DECEDENT'S NAME (First	, Middle, Last)			1					2. DATE OF MDHTH	DEATH	v	YEAR	B. TIME OF DEATH
	JOHN					PRATT				2-15-90			7:01AM M	
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, D	BIRTH Nev. Year)		S. BIRTHPI Country)	LACE (State or Foreign
	236-38-051	7	1 № M 2 🗆 F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	12	112	7	ooum,y,	W. Va.
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								ATH					
DIRECTOR	Francis Scott Key Medical Center Baltimore City										A			
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY				ine CIT	r, TOWN	OR LOCAT	TION					1.	od. INSIDE CITY
E	Md					Balt								LIMITS?
	10e. STREET AND NUMBER				-	m		. ZIP COD	e			10a CITIZ		AT COUNTRY?
FUNERAL	964 Armistead Walk						100	212					U.S.	
빌	11. MARITAL STATUS	State With		T EVED IN 11 C AD	MED	12	WAS DEC		- 1	HC ORIGIN? (Specific Vec			- American Indian.
	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES			YES 2 N		100	If yes, sp	ecify Cube	n, Mexice	n, Puarto Ric		or No-	Black,	White, etc.
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COMPL	17. FATHER'S NAME (First, N									ME (First, Mid				102.0
BE (Joe	Pr	att					A	neli	a (01	valia			
TO E	190. INFORMANT'S NAME (198	MAILING	ADDRES	s (Street i	nd Number d Wa	Lk B	alto.	Md.	n, State, Zip (21205	Code)	Neg Tel
	20e. METHOD OF DISPOSIT			20b. PLACE	OF DISPOS	SITION (N	me of ce	metery, crer	natory or			CATION — C		n, Stata
- 1	1 X Buriel 2 Cremetic 4 Donation 5 Other		oval from State	other ple	n Ha	ven I	Memo	rial	Par	k	Gle	n Bur	nie,	Md.
	21. SIGNATURE OF FUNERA	L SERVICE LK	CENSEE	4		22.	NAME A	ND ADDRE	SS OF FA	CILITY		100	6224	
	> Cha	le	D- 1	سغل		C	rarl	es S	.Zei	ler &	Son.	Inc.	East	ern Ave.
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	disease or condition Arteriosclerotic cardiovascular disease									1				
			DUE TO	(OR AS A CONSEC	WENCE O	F):								
NO	Sequentially list condit	ions,	b.	IOD AS A CONSE	MIENCE OF	D.								
AT	if any, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION		CAUSE (Disease or injury C												
E	resulting in death) LAS	т	d											
			v-	Va. I										1
MEDICAL	PART II. Other algnifica	ent condition	e contributing to	death but not r	esulting	in the u	nderlyin	g cause	given in	Part I. 2	4a. WAS AN PERFOR		1	WAILABLE PRIOR TO
5							_			- 1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
										_			X	YES 2 NO
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PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF E	DEATH (Ch	eck only one)				
YS	YES 2 NO		1 🗆 Inpatient 2 🕅			4 🗆 Nu	rsing Hon		esidence	6 Other (
ВУ РН	27. MANNER OF DEATH Natural 5 Accident	Pending Investigation	28a. DATE OF (Month, D		28b. TIM	IURY M	W	JURY AT DRK? YES 2 [□ NO	28d. DESC	RIBE HOW I	NJURY OCC	URED	
G		Could not be determined		F INJURY — At ho etc. (Specify)	me, farm,	street, fac	tory, offic	ie .			ION (Street (Town, Stete)	end Number	or Rural Ro	ute Number,
LET	29e. CERTIFIER	TIEVALO PURA	MAN To Man have a	-						A. Ab.	(=) (
COMPL	one)		ER: On the basis of ex											and manner as stated.
BE	29b. SIGNATURE AND TITLE	E OF CERTIFIE	- (XVC						ENSE NUI	MBER			2-15-	Month, Day, Year)
5	30. NAME AND ADDRESS OF ANN M. DIX	ON, MD	O COMPLETED CAUS	SE OF DEATH (ITE			Penn	Stre	et I	Baltin	nore !	MD 21	201	770
			32. DECISTRA	R'S SIGNATURE				200	/1	DOLL CILL	WINTE !	-II ZI	Z U I	VC
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BALTIMORE, MARYLAND 21203-314

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DIVISION OF VITAL RECORDS, P.O.

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AAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc		If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m
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OIRE	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Her
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH RICHARD EDN 09 990 0 6. AGE (In yrs. last birthday) A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 M 2 F VRS 213-30-0930 9 al VA RM 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Balto. City, Md. Center 10e. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIGE CITY Balto.Md. Md. 1 YES 2 NO 1032 FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE Riverside Ave 21230 USA 1032 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Maxican, Puarto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried FORCES? 1 YES 2 NO Specify: White BY 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12th Grade Comptroller Standard Elevator 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) T. Pridgeon, Sr. Albert Sarah Fisher BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 4400 C Alan Dr. Balto. Md. 21229 Pridgeon Teresa 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 1 Serial 2 Cremetion 3 Removal from State on 5 Other (Specify) Druid Ridge Cemetery Balto.Co.Md. 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 McCully Funeral Home, 130 E. Fort Ave 23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ehock, or heart fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final **Onset end Deeth** disease or condition DUE TO (OR AS A CONSEQUENCE OF): recuiting in death) Jary CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONNEQUENCE OF) resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF GEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 | NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building. etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER
1 GCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 2 🗍 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occured at the lime, date and place, end due to the ceuse(e) end menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNEO (Month, Day, Year) BE 111 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HAPPIN 1.029H MEHTA 21230.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-31

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	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last,		P	ARKI	ER	2. DATE OF DEATH	AV YEAR 90	3. TIME OF DEATH 22/5 M		
	4. SOCIAL SECURITY NUMBER 214-12-5044	5. SEX 6. AGE (In yrs. 1 XM 2 F	2 YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	7 8. BIR	THPLACE (State or Foreign intry) Md • •		
TOR	9a. FACILITY NAME (If not institution, give PENINSULA GENER RESIDENCE OF DECEDENT		9b.	SALIS	BURY	DEATH Dec. COUNTY OF DEATH WICOMICO				
DIRECTOR	10a. STATE 10b. COUN	comico		WN OR LOCATI			10d. INSIDE CITY LIMITS? 1 XXXX 2 NO			
FUNERAL	100. STREET AND NUMBER	ad		101.	ZIP CODE 21801		10g. CITIZEN OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HNO				NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	Bio	CE — American Indian, ack, White, atc.		
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	Give kind of work life. Do NOT usa reti	done during mos ired.}	N t of working	SINESS/INDUSTRY	Thu Thursman				
COMPL	17. FATHER'S NAME (First, Middle, Last)		Retire	ea	18. MOTHER'S NA	MAR-DE		PRODUCTS		
ш	ISSIAH PARKER					FURLMAN	PARKE	{		
TO B	190. INFORMANT'S NAME (Type/Print) DOLORES PARKE	ER MONTGOMERY	1419	SWAI	nd Number or Rural. L Road	Salisbur	y NG •	21801		
	1 Burial 2 Cramation 3 Removal from State other place)							Town, State RY M.D.		
	21. SIGNATURE OF FUNERAL SERVICE L	D ADDRESS OF FA		1574 _{IS}	TID V W T					
	RUSSELL I		death December	FOCKS				Approximate		
CERTIFICATION	anock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONDUCTO OR AS A CONDUCTO (OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTOR OR AS A C	SEQUENCE OF):	all s	Sower	+ store	roch	Interval Between Onset end Death		
MEDICAL	PE						246. WERE AUTOPSY FINDINGS REFORMED? 246. WERE AUTOPSY FINDINGS AMALIABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	26. PL	ACE OF DEATH (Ch	neck only one)				
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	1 Inpetient 2 ER/Outpetient 28e. DATE OF INJURY (Month, Day, Year)		Nursing Home 28c. INJI WO	JRY AT RK?	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicida 8 Could not be 4 Homicide determined	threstigation 28e. PLACE OF INJURY — At home, farm, street, tactory, offica building, stc. (Specify)					281, LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	0001	SICIAN: To the best of my knowledge NER: On the basis of axamination and						e(e) and menner as stated.		
TO BE C	296. SIGNAYURE AND TITLE OF CERTIFIC	- MM			20c. LICENSE NU	MBER	≥ 2 /	ED (Monthy Day, Year)		
-	30. NAME AND ADDRESS OF PERSON W			0						
	FEB 2.0 1990	which Davidson-Rindall	2	i Erlen	6					

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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF	MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, La BERTHA K. F	:) Rostkowsi	ΚΙ				0F DEATH	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-03-9133	5. SEX 1	6. AGE (In yrs last birthday) 92 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month)	of BIRTH 1, Day, Year) - 1897		8. BIRTHI	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, given the second of		Г	BALTIM	OR LOCATION OF D	EATH		9c. COU	NTY OF DE	EATH
MARYLAND	ATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 614 S. STREEPE	R ST.		10	21224				ZEN OF W	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If yes, s	CENDENT OF HISPA pecify Cuban, Maxic S 2 NO Speci	an, Puarto F		or No-	14. RACE Black Specifi WHI	— American Indian, , White, atc.
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) Collega (1-4 or 5	(Give kind of		ON ost of working	16b.	. KIND OF BU	SINESS/IND	DUSTRY	
	ZKOWSKI			16. MOTHER'S N.			Surname) BEME	K	
19a. INFORMANT'S NAME (Type/Print) MR. JOHN ROSTK	OWSKI	19b. MAILIN	O ADDRESS (Street	and Number or Rural	Route Numb	ber, City or Tow	n, State, Zip	Code)	
20a METHOD OF DISPOSITION 1.	amoval from State	20b. PLACE OF OISPO	SARY CE				TO.		
IMMEDIATE CAUSE (Final disease or condition	or complications the	et ceused the death. Do							
IMMEDIATE CAUSE (Final	a. DUE TO DUE TO C.	et ceused the death, DD cuse on each line. A Ro Ro D (OR AS A CONSEQUENCE CO	npt enter the m						Approximete Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO DUE TO d.	O (OR AS A CONSEQUENCE O	npt enter the miles	ode of dying, su	ch es cerd		I AUTOPSY RMED?	rest,	Approximate Interval Betwee Onset and De WERE AUTOPSY FINDIN AWAILABLE PRIOR TO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions and conditions are sufficient conditions.	b. DUE TO C. DUE TO d. HOSPITAL:	D (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	npt enter the miles of the property of the pro	ng cause given in	n Part I.	24a. WAS AN PERFO	I AUTOPSY RMED?	rest,	Approximete Interval Betwee Onset and De Ons
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infitiated events resulting in death) LAST PART II. Other significent conditions are caused in the conditions of the cond	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpution 2 28a. DATE C. (Month,	D (OR AS A CONSEQUENCE OF COMMERCE OF COMM	DF): OF): OF): OF): OTHER: 4 Nursing Hoise ME OF 28c. If WE OF 28c. If	ode of dying, such	n Part I.	24a. WAS AN PERFO	AUTOPSY RMED?	24b.	Approximate Interval Betwee Onset and De WERE AUTOPSY FINDIN AWAILABLE PIRON TO COMPLETION OF CAUS DF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions and cause in the conditions of the condit	B. DUE TO b. DUE TO c. DUE TO d. Clona contributing to HOSPITAL: 1 Inpatiant 2 28a. DATE (Month, on 28b. PLACE be building)	D (OR AS A CONSEQUENCE OF COMMERCE OF COMM	OF): OF): OF): OF): OTHER: 4 Nursing Hor WIJURY W 1	ng cause given in PLACE OF DEATH (C) me 5 Residence JURY AT ORK? YES 2 ND	n Part I.	24a. WAS AN PERFO! 1 YES :	A AUTOPSY RMED? 2 NO	24b.	Approximate Interval Between Onset and De On
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are all the conditions of the conditions	B. DUE TO b. DUE TO c. DUE TO d	D (OR AS A CONSEQUENCE OF COMMERCE OF COMM	DF): OF): OF): OF): In the underlying the under	ng cause given in PLACE OF DEATH (Come 5 - Residence NURY AT ORK? YES 2 - ND ca	n Part I. Sheck only on 8 Othe 28d. DES 281. LOC City	24a. WAS AN PERFOIL 1 YES : Or (Specify) SCRIBE HOW CATION (Street or Town, State	HAUTOPSY RMED? 2 NO INJURY OC and Number	24b.	Approximete interval Betwee Onset and De DeAthy 1 Yes 2 No
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are all the conditions of the conditions	B. DUE TO b. DUE TO c. DUE TO d. DUE TO	D (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	OF):	ng cause given in PLACE OF DEATH (Come 5 - Residence NURY AT ORK? YES 2 - ND ca	n Part I. Sheck only on 8 Othe 28d. DES 26f. LOC City	24a. WAS AN PERFOIL 1 YES : Or (Specify) SCRIBE HOW CATION (Street or Town, State	HAUTOPSY RMED? 2 NO INJURY OC and Number	24b. CUREO r or Rural F	Approximate Interval Between Onset and De On

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or manning	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If tem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFIC	ATE OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	*			2. OATE	OF DEATH DAY	YEAR	3. TIME OF DEATH
EDWARD NORRIS	RILEY			MONTH	7-18-	90	0020A-1
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In vrs. last birthday)	UNDER 1 YEAR F UNDER 24 HRS.		OF BIRTH	a. BIRT	HPLACE (State or Foreign
215-03-7196	1'M 2 F	86 YRS. MC	ONTHS DAYS HOURS MIN.	8/1	703	Ma	ryland
9a. FACILITY NAME (If not institution, give str	reet and number)	0	b. CITY, TOWN OR LOCATION OF			UNTY OF I	
Baltimore County			Randallstown			alti	
RESIDENCE OF DECEDENT	General nos	sh.	Randalistown	.1	Б	alti	шоте
10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY
Maryland		Ra	ltimore				LIMITS?
10g. STREET AND NUMBER			10f. ZIP COOE		I 10- C	TITEN OF	WHAT COUNTRY?
605 S. Beechfield	Avenue		21229	9	109. 01	U.S	
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENOENT OF HISP	ANIC ORIGIN	? (Specify Yea or No	1	E — American Indian,
1 Never Married 2 Married 3 X Widowed 4 Olvorced	FORCES? 1 YE		If yes, specify Cuban, Maximum 1 YES 2 XNO Specific	cen, Puerlo F		Spec	ck, White, atc.
15. OECEOENT'S EDUC		18e. OECEDENT'S US	UAL OCCUPATION	16b.	KIND OF BUSINESS/II	IDUSTRY	
(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work	done during most of working				
6th grade	onede (1→ 0t 3+)	Help	er		Brewery		
17. FATHER'S NAME (First, Middle, Last)		1 neip		AME (Eleat 4	fiddle, Maiden Surname)		
Unknown Ril	977				Unknown		
19e, INFORMANT'S NAME (Type/Print)	.cy	405 **** ***	Ann				
Anna Shephard			DORESS (Street and Number or Rura				21220
			Beechfield Av		Baltimore,		21229
20a. METHOD OF DISPOSITION 1 Burial 2 XCremetion 3 Remo	eval from State	other place)	ON (Name of cemetery, crematory of		20c. LOCATION -		
4 Donellon 8 Other (Specify)		Metro Crem	atory Inc.		Baltimo	re,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	201	Hubbard Fune		T		
101000	X	14	4107 Wilkens				W1 01000
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):					Onset and Death
resulting in death) LAST	l						
PART II. Other significant conditions	s contributing to desti	but not resulting in	the underlying couse given i	in Part I.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	Y 24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (Check only on	9)		
EXAMINER?	HOSPITAL:		THER:				
27. MANNER OF DEATH	28a. DATE OF INJUR		Nursing Home 5 Residence PF 28c, INJURY AT		(Specify)	CCUPED	
1 Natural 5 Pending	(Month, Day, Yea	r) INJUR		288. DES	CHIBE HOW INJURY O	CCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJU building, etc. (S	RY A1 home, farm, stre	et, factory, offica		ATION (Street and Numb or Town, State)	per or Rural	Route Number,
anal			at the time, data and piece, and d in my opinion, death occured et ti				(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER		- 7	29c. LICENSE N	UMBER	204 0	ATE SIONE	O (Month, Day, Year)
Sink Our	wind Ho	use Pluy	Sur- D260	156	> 0.00	2/1	2 190
30. NAME AND ADORESS OF PERSON WHO	COMPLETED CAUSE OF	OEATH (ITEM 27) (Type, Pr	int)	0	1	17	0 1 / 0
Sie Kiem On	9 MD Ba	It's more	ounty Gen	and f	tospital.	Kar	nde Stown
		CONTRACTOR OF THE PARTY OF THE			1 ' '		1 - 1 - 1 - 1 - 1 - 1 - 1

mult permit Pages 1, 2, 3 should

FOR

46	g physical	e but	1
BALTIMORE, MARYLAND 21203-3146	or attendin	or use as th	100
AND 2	the hospital	detached f	once.
MARYL	retained by	5 should be	notified at
ORE,	е в тау бе	rector, page	must be
SALTIN	r death. Pag	he funeral di al.	examiner
	ours after	illed in by the	e medical
146,	unted with	completely rial, crematic	c event, th
30X 13	sate be execu	hysician and prior to bu	r traumati
P.0.	death certific	attending pental Hygiene	ry, or othe
ORDS	res that the	igned by the ealth and Me	rs any inju
AL REC	ne law requir	has been si Dept. of He	n 23 show
OF VITA	IYSICIAN: Th	is certificate	ed, or iter
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TENDING PH	TOR: After the	8 is mark
	YTAL DR AT	RAL DIRECT	? If item 2
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	- Person	- 0	_

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF			HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF	F DEATH			TIME OF DEATH
	FAY		ROBINSON			FEB.	16 DAY	1990	AR)	2:30 A.M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7, DATE OF BIRT MONTHS DAYS HOURS MIN. (Month, Day, Ye				8.	BIRTHPLA	CE (State or Foreign	
	216-60-9793	1 🗆 M 2 🔀 F	73 YRS.	MONTHS DATS	HOURS MIN.					ylvania
-	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH	1
6 B	754 Hawthore Roa	ad		Linth:	Lcum			Anne	Arun	del
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION							100	I, INSIDE CITY	
HO	Maryland Anne Arundel Lir				nthicum					LIMITS? YES 2 [X] NO
D	10e. STREET AND NUMBER			of. ZIP CODE		T	10g. CITIZEN		7.6	
ERAL	754 Hawthorne Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				21090		1	119	SA	
J.					CENDENT OF HISPA				RACE - /	American Indian,
BY F	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			pecify Cuban, Mexic S 2 X NO Speci		en, etc.)		Black, Wh Specify:	Ma, atc.	
OB										White
TED	15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT'S (Give kind of a life, Do NOT us	vork done durina n	ON ost of working	16b. K	IND OF BUSI	INESS/INDUS	TRY	
2	Elementary/Secondary (0-12)	College (t-4 or 5+)		,						
COMPLET	6th 17. FATHER'S NAME (First, Middle, Last)	None	Homemak	er	18. MOTHER'S N		own Ho			
ECC	Joseph	Pin	to		Pasqua		iule, Maluell S			
00	19a. INFORMANT'S NAME (Type/Print)	1111		ADDRESS (Street	and Number or Rural		City or Town		jina	
10	Joseph	Robinson		as 10e				, 0.0.0, 0.0	,	
	20a. METHOD OF DISPOSITION 1		20b. PLACE OF DISPOS				20c. LOC	ATION — City	or Town,	State
	1 U Burial 2 K Cremation 3 U Re 4 Donation 5 Other (Specify)		other place) Metro Cren	natory			Ba1	timor	a. Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE L		/		ND ADDRESS OF F	ACILITY				VE. S.W.
	Horacel	BUnes	m	SINGL	ETON FUN	ERAL H				E,MD21061
	23. PART I. Enter the disesses, Dr. shook, Dr. beart fellus	complications that cau	used the desth. Do r	Dt enter the m	ode of dying, su	ch es cerdie	c or respir	atory srrest	,	Approximata interval Between
	IMMEDIATE CAUSE (Finel	2.5. 5, 5 00030 0			1					Onset and Death
	disease Dr condition resulting in death)	. Non-Sm			of lus	3				7
		OUE TO (OR /	AS A CONSEQUENCE O	F):						
NO	Sequentielly list conditione,	b	AS A CONSEQUENCE OF	F)·						
CERTIFICATION	if eny, leeding to immediate ceuse. Enter UNDERLYING	502 10 (611)	AS A CONSECUENCE OF	,						
윤	CAUSE (Disease or injury that initiated events	C. DUE TO (OR /	AS A CONSEQUENCE OF	n:						
F	reculting in desth) LAST	4								
	DARK W. Out. January									
CAL	PART II. Other algoliticent condition	one contributing to deal	th but not recuiting	in the underlyi	ng ceuse given ir	Part i. 2	4a. WAS AN A PERFORI		AVA	RE AUTOPSY FINDINGS ILLABLE PRIOR TO
mm I						1	YES 2	NO		MPLETION OF CAUSE DEATH?
MED						_			1 [YES 2 HO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL									
S	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C					
PHYS	1 YES 2 NO	1 Inputient 2 ER/			JURY AT			IJURY OCCUP	150	
	Netural 5 Pending	(Month, Day, Ye		URY W	ORK? YES 2 NO	280. DESC	HIBE HUW IN	IJUHY OCCUP	EU	
ВУ	2 Accident Investigation 3 Suicide Could not be	28a PLACE OF INJ	URY — Al home, farm,			28f, LOCAT	ION (Street a)	nd Number or	Rucal Route	Number
ETED	4 Homicide 8 Could not be detarmined	building, atc. (Specify)			City or	Town, State)			
1	29a. CERTIFIER Check only	SICIAN: To the beat of my k	nowledge, death occurr	ed at the time, de	e and place, and du	e to the ceuse	e(a) and man	ner ee steted.		
COMPL		NER: On the beels of exemin								d manner sa stated.
EC	29b. BIGHATURE AND TURK OF CENTRAL	en /			29c. LICENSE NU	IMBER		29d. DATE S	GNED (Mo	nth, Day, Year)
00	full for	worthy	the	2	D18:	28:	7-	1 2	116	190
1	39. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type						/	1
	Han (200m)	197 90	O CATO	WAZ	5 Bri	277.	M	0 2	120	-7
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	BIGNATURE	/						/
		/ / /								

BALLIMORE, MARYLAND 21203	ours after death. Page 6 may be retained by the hospital or atte	I in by the funeral director, page 5 should be detached for use a removal.	nedical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Four after death. Page 6 may be retained by the hospital or attended to the hospital or attended	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF I		/ DEPAR					MENTA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	CORA L. I	ROSS							MONTE	13	DAY 1	990	6:52 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
	219-22-7591	1 M 2 F	7	9 YRS.			11112		05		1910	VIR	GINIA
00	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF							ON OF DE	EATH 9c. COUNTY OF DEATH				EATH
DIRECTOR	BALTIMORE COUNTY GENERAL RADALLSTOWN,						IN,	MD.		RALT	IMO	RE COUNTY	
3EC	10a. STATE 10b. COUNTY 10c. CITY, TOWN O										10d, INSIDE CITY LIMITS?		
	Md Owings				ings	Mills					1 VES 2 NO		
3AL	100. STREET AND NUMBER 348 Kerney Drive					101. ZIP CODE 10g. CITIZEN OF WHAT CO					VHAT COUNTRY?		
FUNERAL							2111				US		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEOENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					If yes, sp		n, Mexica	n, Puerlo I	i? (Specify Yi Ricen, atc.)	ea or No—	Speci	•
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a.	DECEDENT'S	USUAL O	CCUPATIO	ON .		18b	KIND OF B	JSINESS/INOL		BLACK
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u			at of worldi	g					
MPI	10th			House	Wir	е							
	17. FATHER'S NAME (First, Middle, Last) Jessie Glover						-			Middle, Maide	n Sumame)		
BE	19a, INFORMANT'S NAME (Type/Print)			405 4444 104	. 400050	0 /0	_			ilson	wn, State, Zip	0.41	
10	Eva D. Brown										ls, Mo		117
	20% METHOD OF DISPOSITION			CE OF DISPO							OCATION — C		
	1 Description 2 Cremetton 3 Removal from State other place) Woodla				wn C	emet	ery		Baltimore, Md				
	21. SIGNATURE OF FUHERAL SERVICE LI	Ma	erci	7			h F/	H W					
	23. PÄRT I. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. ACUTE	use on eech l	ne. RDIAI	IN				h as cere	diac or res	piratory erro	eat,	Approximate Interval Between Onset and Death
CERTIFICATION													
MEDICAL	PART II. Other algnificant condition	na contributing to	deeth but no	ot reaulting	in the u	nderlyln	g cause	given in	Part I.		N AUTOPSY DRMED? 2 NO	245	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 P	ACE OF C	EATH (C)	neck only o	201			
SICI	EXAMINER?	HOSPITAL:	VFR/Outpatient	3 DOA	OTHE	R:			6 Othe				
PHYSICIAN:	27. MANNER OF DEATH	28a, DATE O	FINJURY	28b. TII	WE OF	26c. IN.	URY AT	staence			INJURY OCC	URED	
ВУ Р	1 Natural 6 Pending Investigation	(Monin,	Day, Year)	IN	JURY		YES 2 [NO					
B	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offi					tory, offic							
COMPLET	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYS												a) and menner as stated.
ECC	296. SIGNATURE AND TITLE OF CERTIFIE										_		
8	Kunto	and -					D-17042 29d. DATE SIGNED (Month, Day, War)						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEA	3. TIME OF DEATH
CATHERIN	E MARY	RILEY	Z.	FEBRUARY	13, 1	990
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH	e. B	IRTHPLACE (State or Foreign
214-74-9408	1 M 2 1 F	96 YRS.	MONTHS DAYS HOURS MIN.	MAY 2,	1893	MARYLAND
9e. FACILITY NAME (If not institution, give s			9b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY C	
FOREST HAVEN N	URSING CI	ENTER	BALTIMORE		BAL	TIMORE CIT
RESIDENCE OF DECEDENT						
10e. STATE 10b. COUNT		10c, CIT	ry, town or location			10d, INSIDE CITY LIMITS?
UAULUAND	ARUNDEL		PASADENA			1 TYES 2 NO
10e. STREET AND NUMBER	T DOAD		10f. ZIP CODE 21122			S . A
8014 LONGHII						3 · A
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 1	ER IN U.S. ARMED	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex		or No- 14. F	NACE — American Indian, Black, White, etc.
3 V Widowed 4 Divorced	IF YES, GIVE WAR O	OR DATES TA	1 TYES 2 NO Spe		S	Specify: WHITE
15. DECEDENT'S EDU	I CATION		1			
(Specify only highest grade	completed)	(Give kind of	USUAL OCCUPATION work done during most of working se retired.)	18b. KIND OF BUS	SINESS/INDUSTF	KY .
Elementary/Secondary (0-12)	College (1-4 or 5+)		MEMAKER	D	OMESTI	C
4 th grade	none	1101				. 0
	NUBER'	T	18. MOTHER'S	NAME (First, Middle, Meiden SOPHIA	GARD	NER
JOHN A.	NUDER					
	EDCON		AME AS 10 a -		n, State, Zip Code	7)
MRS. PAT ANDI	EKSUN					
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	noval from Stata	other place)	SITION (Name of cemetery, crematory of		CATION - City of	
4 ☐ Donetton 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIF	OENCEE	MOST HO	LY REDEEMER C		BALTIM	TURE, MD
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF	McCUL	LY FUN	VERAL HOME
$\leq \varrho$						
23. PART I. Enter tha dleases, or shock, or heart failura. IMMEDIATE CAUSE (Final dlease or condition reculting in death)	List only ona cousa of		Carl Rail			Approximeta Interval Between Onset and Deatl
shock, or heart fallura. IMMEDIATE CAUSE (Final disease or condition	aOUE TO JOR bOUE TO JOR c.	Lus A	not entar tha mode of dying, a			Approximeta Interval Betwaar
shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition recuiting in death) Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dieeesa or injury thet initietad evente	a	AS A CONSEQUENCE O	not entar tha mode of dying, a	ler o	I AUTOPSY RMED?	Approximeta Interval Betwaar
shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initietad evente resulting in death) LAST PART II. Other aignificent condition	a	AS A CONSEQUENCE O	not entar tha mode of dying, s	In Part I. 24a. WAS AN PERFOR	I AUTOPSY RMED?	Approximeta Interval Betwaar Onset and Deati 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION DF CAUSE OF DEATH?
shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other algnificent conditions.	a. DUE TO OR b. DUE TO OR c. DUE TO (OR d	AS A CONSEQUENCE OF AS A C	In the underlying cause given 26. PLACE OF DEATH OTHER:	In Part I. 24a. WAS AN PERFORM 1 YES 2	I AUTOPSY RMED?	Approximeta Interval Betwaar Onset and Deati 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION DF CAUSE OF DEATH?
shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated evente resulting in death) LAST PART II. Other algnificent conditions.	aDUE TO OR bDUE TO OR cDUE TO (OR d	AS A CONSEQUENCE OF AS A C	In the underlying cause given 26. PLACE OF DEATH OTHER: 4 CL Merting Home 5 Realden	In Part I. 24a. WAS AN PERFORM 1 YES 2	I AUTOPSY RMED?	Approximeta interval Between Onset and Deati Onset O
shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted evente resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER-OF DEATH 1 Naturel 5 Pending	a	AS A CONSEQUENCE O	in the underlying cause given 26. PLACE OF DEATH OTHER: 4 (2. Jury Sing Home 5 Realden- MUNTY WORKY)	In Part I. 24a. WAS AN PERFORM 1 YES 2	I AUTOPSY RMED?	Approximeta interval Between Onset and Deati Onset O
shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initietad evente resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	a	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	DEP: 26. PLACE OF DEATH OTHER: 4 Claring Home 5 Realden- WORKY M 1 YES 2 NO	In Part I. 24a. WAS AN PERFOR 1 YES 2 (Check only one) 28d. DESCRIBE HOW 1	I AUTOPSY RMED?	Approximeta interval Betwaar Onset and Deati Onset O
shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intiletade evente resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	a	AS A CONSEQUENCE OF AS A C	DEP: 26. PLACE OF DEATH OTHER: 4 Claring Home 5 Realden- WORKY M 1 YES 2 NO	In Part I. 24a. WAS AN PERFORM 1 YES 2	IAUTOPSY RMED?	Approximeta interval Betwaar Onset and Deati Onset O
shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury their initiated evente resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER-OF DEATH 1 Natural 5 Pending trivestigation 3 Suicide 1 Could not be determined	a	AS A CONSEQUENCE OF AS A C	In the underlying cause given 26. PLACE OF DEATH OTHER: 4 (1) Mersing Home 5 Realden ME OF UNRY AT WORKY M 1 YES 2 NO Street, factory, office	In Part I. 24a. WAS AN PERFOR 1 YES 2 (Check only one) 28d. DESCRIBE HOW to City or Town, State)	I AUTOPSY RMED?	Approximeta interval Betwaar Onset and Deati Onset O
shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 No 1 Natural 5 Pending trivestigation in the provided in the	a	AS A CONSEQUENCE OF AS A C	The inthe underlying cause given 26. PLACE OF DEATH OTHER: 4 (3. Jernsing Home 5 Realden WE OF JURY M 1 YES 2 NO street, factory, office	In Part I. 24a. WAS AN PERFORM 1 YES 2 (Check only one) 28d. DESCRIBE HOW to City or Town, State) Sue to the ceuse(e) end me	I AUTOPSY RMED?	Approximeta interval Between Onset and Deati Onset O
shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 No 1 Natural 5 Pending trivestigation in the provided in the	a	AS A CONSEQUENCE OF AS A C	In the underlying cause given 26. PLACE OF DEATH OTHER: 4 (1) Mersing Home 5 Realden ME OF UNRY AT WORKY M 1 YES 2 NO Street, factory, office	In Part I. 24a. WAS AN PERFORM 1 YES 2 (Check only one) 28d. DESCRIBE HOW to City or Town, State) Sue to the ceuse(e) end me	I AUTOPSY RMED?	Approximeta interval Between Onset and Deati Onset O
shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 No 1 Natural 5 Pending trivestigation in the provided in the	a. DUE TO OR b. DUE TO OR c. DUE TO (OR d	AS A CONSEQUENCE OF AS A C	The inthe underlying cause given 26. PLACE OF DEATH OTHER: 4 (3. Jernsing Home 5 Realden WE OF JURY M 1 YES 2 NO street, factory, office	In Part I. 24e. WAS AN PERFOR 1 YES 2 (Check only one) 28d. DESCRIBE HOW to City or Town, State) 4ue to the ceuse(e) end me the time, date end place, en	INJURY OCCURE	Approximeta interval Between Onset and Deati Onset O
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ours after death. Page 6 may be retained by the hospital or attending physical BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buril be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumaild event, the medical examiner must be notified at once.

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1		30	r.
BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a not not after death. Page 6 may be retained by the hospital or attending physicon	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-more be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
13146,	executed with	and complete o burial, crem	natic event
BOX	ificate be	physician ane prior to	her traur
P.O.	leath cert	attending ntal Hygie	ry, or ot
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	v requires that the d	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injur
VITAL	CIAN: The lav	ertificate has the State Dep	or Hem 23
Y OF	G PHYSI	er this c	narked,
DIVISIOR	TAL OR ATTENDIN	AL DIRECTOR: Aft	If Item 28 is n
	TO THE HOSPIT	TO THE FUNER be filed within	IMPORTANT:

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

REGISTRAR		CE	RTIFIC	CATE OF	DEATH		REG. NO.		
. DECEDENT'S NAME (First, Middle, Last)	Ø4.				2. DATE	OF DEATH	AY YEAI	3. TIME OF DEATH
Rober		RAPP				Febru	REV 11	1990	174 f
169-32-4341	5. SEX 1 XM 2 F	3. AGE (In yrs. lest I		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month)	T. 26,	1942	ATHPLACE (State or Foreign unity) PENNSYLVAN
. FACILITY NAME (If not institution, give			9	b. CITY, TOWN	OR LOCATION OF D			9c. COUNTY O	F DEATH
FRANKLIN SQ. H	OSPITAL			E	ALTIMORE			D	ALTIMORE
PA. 10b. COUN	TY		10c. CITY,	LEN RI	DDLE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
o. STREET AND NUMBER 265 GLEN RIDDLE	RD.			1	of. ZIP CODE 1903	7		10g. CITIZEN O	F WHAT COUNTRY?
. MARITAL STATUS	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2 NO	ED	It yes,	CENDENT OF HISPA specify Cuban, Maxic S 2 X NO Speci	an, Puarto R		B	ACE — American indian, lack, White, etc.
15. DECEDENT'S ED (Specify only highest grad		(G/ve	kind of wor	SUAL OCCUPAT	TION nost of working	16b.	KIND OF BUS	SINESS/INDUSTRY	1
Elementary/Secondary (0-12)	Collage (1-4 or 5 +)	life. L	Do NOT use i	retired)			DA DEI		PREMIE
FATHER'S NAME (First, Middle, Last)	4		DEPI.	HEAD	18 MOTHER'S N			PT. OF I	REVENUE
DR. JACOB RAPP					18. MOTHER'S N. JEA	NNE E	. FINE	ζ	
MRS. JEANNE RA	PP	19b. 2	MAILING AI	DDRESS (Stree EN RID	DLE RD.	GLEN	er, City or You RIDDI	n, State, Zip Code) LE, PA	19037
a. METHOD OF DISPOSITION Burlal 2 Cremation 3 Re	moval from State	20b. PLACE O	F DISPOSIT	ION (Name of c	emetery, crematory or		20c. LO	CATION — City or	Town, Stata
□ Donation 5 □ Other (Specify)	1 1	MT.	LEBA					LLINGDAI	LE, PA
SIGNATURE OF PUNERAL SERVICE I	tellu	w			O REISTE				MD 21215
sequentielly list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events saulting in death) LAST	с	DR AS A CONSEQUENCE OF AS	JENCE OF):	0					
ART II. Other significant condition	ons contributing to d	eeth but not re	aulting in	the underlyi	ng cause given in	Part i.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO
	ne (Velez)						1 TYES 2	NO	OF DEATH?
S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DEATH (C	heck only on	0)		
MANNER OF DEATH	1 Inpetient 2		28b. TIME		MURY AT			NJURY OCCURED	
Netural 5 Pending	(Month, Day		INJUE	TY Y	YORK?	200. 025	CHIBE HOW I	NJORT OCCURE	
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide detarmined	28a. PLACE OF	INJURY — At homic. (Specify)	o, farm, str			28I. LOCA	ATION (Street or Town, State)	and Number or Rui	ral Route Number,
anal .	SICIAN: To the best of m								se(a) and manner as stated
b. SIGNATURE AND TITLE OF CERTIF					29c. LICENSE NU				IED (Month, Day, Year)
NAME AND ADDRESS OF PERSON V	Depoty fred	SEP EXP	N. INP	7	DOKE	5		D 2/11/	69
Stanley Z. Folgo	shore Mh		Choop	20 3 R	2				
. DATE FILED (Month, Day, Year)	2. REGISTRAR	'S SIGNATURE		2					
EED 0 0 4000	Grana Davids	- Ganda	-						

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AND SANGERS OF THE

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3746	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the befined within 17 befine after death with the State begin of Health and Mental Hyghers prior to buriel, correction, or removal. The state of the property of the prope	
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be elected within 124 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachted for the first death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ***REMONETATE AT 18 THE THE CHARGE AT 18 AND A SHOWER AND INTEREST AND A SHOWER AND A	

	1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	D.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	FREDERICK T.	RYAN				Feb. 18	, 1990 YE	10:30 pm M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. E	IRTHPLACE (State or Foreign
	219-01-4356	1 M 2 F	74 YRS. *	IONTHS DAYS	HOURE MIN.	April 4,	1915 M	ountry) aryland
	9s. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY	
S.	Inns of Evergree	n - Northwe	est	Baltimo	ro		1	
5	Inns of Evergree							
R	10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
0	Maryland		Ba1	timore				1X YES 2 NO
3AL	10e. STREET AND NUMBER			101	ZIP CODE		109. CITIZEN	OF WHAT COUNTRY?
FUNERAL DIRECTOR	2525 West Belved				21215		U.S	
FU	11. MARITAL STATUS 1 Nover Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 1	ER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Y.n., Puarto Rican, atc.)	ns or No- 14.	RACE — Amarican Indian, Black, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATESA		2 NO Specify			Specify:
ED 1	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U	SHAL OCCUPATION	MM	185 KIND OF B	USINESS/INDUST	Black
	(Specify only highest grade	completed)	(Give kind at wo	rk done during ma retired.)	st of working	166. KIND OF B	DSINESS/INDUS I	VI.
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)				Charl	ton Two	nafan Ca
COMPLET	17. FATHER'S NAME (First, Middle, Last)		TITACTOL	trarrer		r Charl ME (First, Middle, Maide		iister co.
Ö	Thomas H. Ryan				Marie		, comerne,	
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		Route Number, City or To	wn State Zin Cod	n)
5	Lawrence Ryan					Baltimore		
	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSIT				OCATION - City	
	1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	Western St					
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	western st		ID ADDRESS OF FA	CILITY	tonsvil	re, rib
	DAD. 11	1.	dia /	Marsha	11 W. Jo	nes, Jr.	Funeral	Home P.A.
	scores ca	amo je	1140	4101 F	dmondson	Avenue.	Maltimo	re MD 21229
	23. PART I. Enter the diseasea, or shock, or haart feliure.	complications that can List only one cause of	med the death. Do no on each line.	t anter the mo	de of dying, suc	h as cardiac or res	piratory arreat,	Approximate interval Between
	IMMEDIATE CAUSE (Final	0	D COUR					Onset and Death
	disease or condition resulting in death)	a	HOCAT)				many 4x5
		DUE TO (OR	AS A CONSEQUENCE OF)					
N N	Sequentielly list conditions,	b. DUE TO (OR	Hypar	ension				415
FA	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (ON	as a compagnate or,					
CERTIFICATION	CAUSE (Disease or injury that initiated events	C. DUE TO (OR	AS A CONSEQUENCE OF)					
E	reaulting in death) LAST							
S		d						
	PART II. Other significent condition	na contributing to dea	th but not resulting in	the underlyin	g ceuse given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL						1 🗆 YES		COMPLETION OF CAUSE DF DEATH?
MEC								1 YES 2 NO
ÿ								
IA!	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)		
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER		OTHER: United Income North Inc	e 5 🗆 Residence	6 Other (Specify)		
Ŧ	27. MANNER OF DEATH	26a. DATE OF INJU		OF 28c. INJ	URY AT	26d, DESCRIBE HOW	INJURY OCCUR	ED .
ВУР	1 Natural 5 Pending 2 Accident Investigation	(month, buy, re	likoo		rES 2 NO			
	3 Suicide 6 Could not be	28s. PLACE OF IN. building, etc.	IURY — At home, farm, at	reet, factory, offic		28f. LOCATION (Street City or Town, Star		ural Route Number,
里	4 Homicide determined	bonding, acc.	(apouny)			City or lown, Stan	(0)	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my i	snowledge, death occurred	at the time, data	and place, and due	to the cause(s) and m	anner as stated.	
W	onel							use(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE							
BE	Ameter 11- N	all /	Affending		29c. LICENSE NUI	5503	29d. DATE SIG	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OR PERSON WI			Print) -			1	1-110
	30. NAME AND ADDRESS OF PERSON WE	t. B.74	o MA	2/21	7			
	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S			-			
		- Inchinanta						
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med by the attend	aith and Mental H	any injury, or	
signed by the attent	tealth and Mental H	ws any injury, or	
en signed by the attent	of Health and Mental H	hows any injury, or	
been signed by the attend	. of Health and Mental H	shows any injury, or	
is been signed by the attend	ept. of Health and Mental H	23 shows any injury, or	
has been signed by the attend	Dept. of Health and Mental H	n 23 shows any injury, or	
ate has been signed by the attend	tate Dept. of Health and Mental H	tem 23 shows any injury, or	
ficate has been signed by the attend	State Dept. of Health and Mental H	r item 23 shows any injury, or	
certificate has been signed by the attent	the State Dept. of Health and Mental H	I, or item 23 shows any injury, or	
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r this certificate has been signed by the attend	h with the State Dept. of Health and Mental H	arked, or item 23 shows any injury, or	
After this certificate has been signed by the attend	leath with the State Dept. of Health and Mental H	marked, or item 23 shows any injury, or	
3: After this certificate has been signed by the attent	ir death with the State Dept. of Health and Mental H	is marked, or item 23 shows any injury, or	
TOR: After this certificate has been signed by the attend	after death with the State Dept. of Health and Mental H	28 is marked, or item 23 shows any injury, or	
ECTOR: After this certificate has been signed by the attend	s after death with the State Dept. of Health and Mental H	n 28 is marked, or item 23 shows any injury, or	
MRECTOR: After this certificate has been signed by the attent	ours after death with the State Dept. of Health and Mental H	em 28 is marked, or item 23 shows any injury, or	
L DIRECTOR: After this certificate has been signed by the attend	hours after death with the State Dept. of Health and Mental H	I item 28 is marked, or item 23 shows any injury, or	
RAL DIRECTOR: After this certificate has been signed by the attend	72 hours after death with the State Dept. of Health and Mental H	If item 28 is marked, or item 23 shows any injury, or	
VERAL DIRECTOR: After this certificate has been signed by the attend	on 72 hours after death with the State Dept. of Health and Mental H	4T: If item 28 is marked, or item 23 shows any injury, or	
-UNERAL DIRECTOR: After this certificate has been signed by the attend	vithin 72 hours after death with the State Dept. of Health and Mental H	ANT: If item 28 is marked, or item 23 shows any injury, or	
E FUNERAL DIRECTOR: After this certificate has been signed by the attend	d within 72 hours after death with the State Dept. of Health and Mental H	RTANT: If item 28 is marked, or item 23 shows any injury, or	
THE FUNERAL DIRECTOR: After this certificate has been signed by the attend	ited within 72 hours after death with the State Dept. of Health and Mental H	PORTANT: If item 28 is marked, or item 23 shows any injury, or	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be or	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified	

	REGISTRAR	CERTIFIC	CATE OF	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)	1 - 1			2. OATE OF OEATH	DAY / Y	3. TIME OF DEATH	
3		berts			2/14	11 90) /=pm	
8	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yr) 1 M 2 5. SEX	-	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give street and number)	, 1	9b. CITY, TOWN	OR LOCATION OF DI		9c. COUNTY	OF DEATH	
DIRECTOR	DEaton Hosp + Medical CE	nter	R BAITIMORE					
\S	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c CITY	TOWN OR LOCA	TION			10d. INSIDE CITY	
	MD		LTIMORE CITY			LIMITS? 3CIST YES 2 NO		
AL	10e. STREET ANO NUMBER		10	I. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
i i	611 SOUTH CHARLES STREET			21230		USA		
FUNERAL	11. MARITAL STATUS 1 □ Never Married 2 ☑ Married 12. WAS DECEOENT EVER IN U.S FORCES? 1 □ YES 2. IF YES, GIVE WAR OR DATES	NO	13. WAS OEC	ENDENT OF HISPAI	NC ORIGIN? (Specify Yon, Puerlo Ricen, atc.)	on or No- 14.	RACE — American Indian, Black, Whita, etc. Specify: BIACK	
ВУ	3 Wildowed 4 Divorced			1,000			BIACK	
LED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Give kind of wo	SUAL OCCUPATION	ON ost of working	18b. KIND OF BI	JSINESS/INDUST	TRY	
PLET	Elamentary/Secondary (0-12) College (1-4 or 5+)	DISABL	rk done during more retired.) ED	at of working	NA			
COMPL	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	ME (First, Middle, Maide	Sumame)		
ш	Arthur Dickens				eva 5		rs	
0 8	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street of	and Number or Rural	Route Number, City or To	vn, State, Zip Co	to.Md. (05)	
-	JOSEPH ROBERTS							
	20b. PL	ACE OF DISPOSIT FOR PLACE ALTIMO	Name of cell $RE \ CEL$	METERY			ATION — City or Town, Stata	
	31. SIGNATURE OF FUNERAL SERVICE LICENSEE		22, NAME A	ND ADDRESS OF FA	CILITY			
	Mala Merch		WM.C	. MARCH	F.H. 11	01 E.	NORTH AVE.	
	23. Mili I. Entar tha diseases, or complications that caused the	a desth. Do no	t enter the mo	de of dying, suc	h aa cardiac or rea	olratory arrest	Approximate	
	ahock, or hasrt failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death)	2)					Interval Between Onsat and Dasth	
	DUE TO (OR AS A CO	NSEQUENCE OF):						
ON	Sequentially list conditions,	NSEQUENCE OF:	syssi					
AT	If any, laading to immediata csuae. Enter UNDERLYING	Au	11000	,				
윤	CAUSE (Disease or injury that initiated events	DUFTO (OR AS A CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST	e m	olm	ni of	Loud	MAD		
11	DADT II Other cloudicant conditions contribution to double has	and the second		7				
EDICAL	PART II. Other significant conditions contributing to death but in	not resulting in	the underlyin	g csuse given in	Part I. 24a. WAS A PERFO	N AUTOPSY	245. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Ö	- The pure son	1	,		1 □ YES	2 NO	OF DEATH?	
Σ	2) Melleriter. pl	Cor					1 WES Z NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			105 05 05 05 05				
S	EXAMINER? HOSPITAL:		OTHER:	LACE OF DEATH (Ch				
PHYS	1 YES 2 NO 1 Input ent 2 ER/Outpetler 27. MANNER OF DEATH 28a. DATE OF INJURY	28b. TIME			8 Other (Specify) 28d. DESCRIBE HOW	BURNERY COOLIN		
	1 Natural 5 Pending (Month, Day, Year)	INJUI	RY WC	YES 2 NO	280. DESCRIBE HOW	INJURY OCCUR	EU	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be 266. PLACE OF INJURY — /	At home, farm, str			28f. LOCATION (Street	and Number or I	Oural Bouts Alembar	
ETED	4 Homicide 6 Could not be determined building, atc. (Specify)		,,,		City or Town, State)	we rose runos,	
COMPLE	29e. CERTIFIER (Check only one) ORTIFYING PHYSICIAN: To the best of my knowledge one)							
Ö	2 MEDICAL EXAMINER: On the basis of examination and	d/or investigation,	In my opinion, o	leath occured at the	time, data and place, a	nd dua to the co	ause(a) and manner ea atated.	
BE (29b. SIGNATURE AND THE OF CERTIFIER			29c. LICENSE NUI	MBER 29d. DATE SIGNEO (Month, Day, Year)		GNEO (Month, Day, Year)	
TO B	The area of lar	_ ~		0188	46	1 21	15780	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, P	Print)			1		
	8V + Ch. OW DI	rus	2	12//				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATUI							
	FFB 20 1990 July Neviden Rende	100						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First Michigle, Lost) 1. DECEDENT'S NAME (First Michigle, Lost) 2. DATE OF DEATH MONTH 1944 - 900 7:20 PM 2. DATE OF DEATH MONTH 1944 - 900 7:20 PM						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1. Super 1 Year 15 under 24 Mrs. 7. DATE OF BIRTH (Month Cay), 1982 8. BIRTHPLACE (State or Foreign Country) 1. Super 1 Year 15 under 24 Mrs. 7. DATE OF BIRTH (Month Cay), 1982 8. BIRTHPLACE (State or Foreign Country) 1. Super 1 Year 15 under 24 Mrs. 7. DATE OF BIRTH (Month Cay), 1982 8. BIRTHPLACE (State or Foreign Country) 1. Super 1 Year 15 under 24 Mrs. 7. DATE OF BIRTH (Month Cay), 1982 7. DATE O						
TOR	98. FACILITY NAME (II not institution, give street and number) 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 97. COUNTY OF DEATH 98. COUNTY OF DEATH						
DIRECTOR	100. STATE 100. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS?						
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21 205 US A						
BY FU	11. MARITAL STATUS 1						
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY						
BE COMPL	BARBER NA 17. FATHER'S NAME (First, Middle, Last) SHERMAN ROBINSON CARRIE						
7	196. INFORMANT'S NAME (Type/Print) LYNETTE R. COLLICK 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5408 NORTHWOOD DRIVE/BALTIMORE MD 21239						
	20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION — City or Town, State other place) WESTERN STAR CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY						
	► Blades Warse > WM. C. MARCH F/H 1101 E. NORTH AVENUE						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory errest, shock, or heert fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a						
ERTIFICATION	Sequentially list conditione, If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. The first street of the property performed? 1 yes 2 No 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO						
SICIAN:	25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1						
ву РНУ	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 280. TIME OF INJURY AT WORK? 1 Natural 5 Pending Investigation 1 Tyes 2 No						
ETED 8	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office City or Rown, State) 28f. LOCATION (Street end Number or Rural Route Number, City or Rown, State)						
COMPLI	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner as stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner as stated.						
TO BE	296. UCENSE NUMBER 296. UCENSE NUMBER 296. DE SIGNETO (Month, Deg. Year) D						

1940

30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)
FFR 2 0 1990

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria has find within 72 hours after death with the State heart Amen and Mental Housene prior to burial, cremation, or removal	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MAND Feb 110 KOTHHOC 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last hirthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. & BIRTHE ACE /State or Foreign 9-20-5003 1 M 2 F YRS. 910 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH REALER LAUREL DIRECTOR - BELTSUILLE 10b. COUNTY 10a STATE 10c. CITY, TOWN OR LOCATION tod, INSIDE CITY SAVAG OWARD 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 6 0 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No If yes, specify Cuben, Maxican, Puerto Rican, stc.)
1 ☐ YES 2 ☐ NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION secify only highest grade comple College (1-4 or 5+) OME OMESTIC 17. EATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Mid DRGI BE 19b. MAILING ADDRESS (Street and Nu 0 KUTHROCK 6 20b. PLACE OF DISPOSITION 4 Donation \$ Other (Specify) SUS FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac of respiratory arrest Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Daath disease or condition Mator e reaulting in daeth) ICE OF: PHYSICIAN: MEDICAL CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if eny, leading to immediate cause. Entar UNDERLYING entice CAUSE (Disease or Injury TO (OR AS A CONSEQUENCE OF): that initietad evanta resulting in death) LAST 10 (PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 41 COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO epatiant 2 - ER/Outpatiant 3 - DOA 5 Residence 6 Other (Specify) 28c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural M BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 K CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type ahrch w 20707

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ATTEN	CTOR	28	TEC
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	SPITA	NERA!	NT H	MO
	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first death. Page 6 may be retained by	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be the flad within 72 hours after death with the State Dent of Health and Mental Hoolene prior to Durial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
	T 01	2	IMP	OB

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) TOHH R. F	John Reitz	Royster			2. DATE OF OEATH	AY YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 212-20-8304		(In yrs. last birthday) 3 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-24-16	8. BIPT	THPLACE (State or Foreign intry)			
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRESIDENCE OF DECEDENT 9c. COUNTY OF DEATH										
DIRECTOR	Maryland 106. COUNTY			town or Locate			10d. INSIDE CITY LIMITS? 1 X YES 2 \(\backslash \text{NO} \)				
FUNERAL	100. STREET AND NUMBER 4 Upland Road Apt	. 26		101	21 21 0		U.S.A	WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENGENT OF HISPAT ecify Cuben, Mexica 2 NO Specifi	NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	or No — 14. RAG Ble Spe	CE - American Indian, ck, White, atc. White			
COMPLETED	15. OECEOENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of w	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)							
COM	17. FATHER'S NAME (First, Middle, Last)		110001110			ME (First, Middle, Maiden	Surname)				
BE	William Luther R 198. INFORMANT'S NAME (Typo/Print)	oyster	TAN MARINO	ADDDEGO (O)	Inez F	Reitz Route Number, City or Tow					
5	Ellen Tickner Ro		4 Upla	and Rd.	Apt. 26	Baltimore,		nd 21210			
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State	other place)		ON (Name of cometery, crematory or like Sville, Mary)						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE John G. Reitz John 2 Reitz 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home 6500 York Rd. Baltimore, Maryland 21212										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahook, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) e. Peri CardiaL Construction (Presume of the construction)										
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING STATW POST RADIATION THERAPY FOR LUNG CA										
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	V) \	CONSEQUENCE OF):		Acipois					
PHYSICIAN: MEDICAL C	PART II. Other significant condition Cirrhosis COPD, MODE	Anen	PERFORMED? 1 PYES 2 NO OF DE								
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	050	OTHER:	ACE OF DEATH (CA						
HYS	1 VES 2 NO 27. MANNER OF OEATH	1 Minpatient 2 ER/Out	pertient 3 DOA 28b. TIME		REDW AT	e C Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED				
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	nun HA	M 1 .	YES 2 NO	RK?					
B	3 Suicide e Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, s cify)	treet, factory, offic	ry, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) N A						
COMPLET	29a. CERTIFIER (Check only one) 29a. MEDICAL EXAMINER: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) end menner ee stated.										
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	- Ans		29c, LICENSE NU			EO (Month, Day, Year)				
TO E	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OF	EATH (ITEM 27) (Torse	Print)	D37	606	12/19	190			
	NICHOLAS J.	Kohlerma	on, mo	1 1 .	Memor	ual Hospirn	AL				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	dell								

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162 Ed (E24 St.		2 =		
John Committee	is offil -Mainy			9-

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CI	ERTIFI	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest) Konrad		SCI	HROEDI	ER			of DEATH	990	YEAR	3. TIME OF DEATH 6:00 AM
4. SOCIAL SECURITY NUMBER 215-30-6464			VRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month) Feb	ATE OF BIRTH Month, Day, Year) b 15, 190:		Countr	PLACE (State or Foreign land
e. FACILITY NAME (It not institution, give s 1711 Orlando Roa		34		96. СПТУ, ТОЖИ Baltim	OR LOCATION OF DI	EATH		e coun Balt		
TESIDENCE OF DECEDENT 106. COUNT Maryland Balti				town or Loca	TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
0e. STREET AND NUMBER			Dar	10	of. ZIP CODE					HAT COUNTRY?
1711 Orlando Road 1. MARITAL STATUS Never Merried 2 Merried MX Widowed 4 Divorced	12 WAS DECEDEN	YES 2 X	RMED	13. WAS DE If yee, s	21234 CENDENT OF HISPAI pecify Cuben, Mexice S 2 X NO Specifi	n, Puerto F		U.S	14. RACE	- American Indian, , white, atc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		+)	live kind of w Do NOT use	JSUAL OCCUPAT ork done during m retired.)	ION ost of working		KIND OF BUS			
7. FATHER'S NAME (First, Middle, Last)		00	TOTTICE	- Haker	16. MOTHER'S NA				ng_	
Justus Schr	oeder				Anna		dzikow	Name and Address of the Owner, where		
90. INFORMANT'S NAME (Type/Print)					and Number or Rural					206
Zygmunt Schroede 0e. METHOD OF DISPOSITION Seriel 2 Cremetton 3 Ren Donatton 8 Other (Specify)		20b. PLACE other p	OF DISPOSI	ITION (Name of co	n Avenue omotory, cromatory or Cemetery		20c. LOC	ATION - 0	City or To	
T. SIGNATURE OF FUNERAL SERVICE LI Mortey 23. PART I. Enter the diseases, or	. Deppe	ef.		22. NAME / Di 7110	ppel Fune Belair F	eral Road	Home, Balti	Inc.	, MD	
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	O (OR AS A CONSE	OUENCE OF):	IELO.	M /	7.			
PART II. Other aignificant condition	ne contributing to	death but not	reaulting in	n the underlyle	ng cause given in	Part i.	24a. WAS AN A PERFORM	MED?	24b	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C/					
1 VES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending	1 Inputient 2 (28e. DATE Of (Month, L		28b. TIME	OF 28c. IN	Me 5 X Residence JURY AT ORK? YES 2 NO		F (Specify)	JURY OCC	CURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (OF INJURY — At h., atc. (Specify)	ome, farm, a			28f. LOC City	ATION (Street a or Town, State)	nd Number	or Rural I	Route Number,
one)	IICIAN: To the best of									a) end manner ee stated.
DO. NAME AND ADDRESS OF PERSON W	deli'n	27			29c. LICENSE NU D1284	IMBER				(Month, Day, Year) , 9-90
A.H. Ghiladi					1 7					
31. DATE FILEO (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	MEGI	cal ce	nter 76		lsler	Dri	Ve	21204

BALTIMORE, MARYLAND 21203-314 DALI INTEGRAL.

nours after death. Page 6 may be retained by the hospital or attend DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO BE COMPLETED

4 Homicide 29s, CERTIFIER

	FOR	STATE OF MARYLAND	/ DEPAF	RTMENT OF HEALTH AN	MENTA	I HAGIENI		90	04143		
	1 - STATE REGISTRAR			ICATE OF DEATH	MENIA	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	M	Sh	met LER	2. DATE MONTI	OF DEATH		EAR 3.	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. la	ast birthday)	IF UNDER 1 YEAR IF UNDER 24 HR	S. 7. DATE	OF BIRTH		_	CE (State or Foreign		
	212-74-7409	1 D M 2 X F 86	YRS.	MONTHS DAYS HOURS MIN	(Monti	h, Day, Year)	000	Country)			
	Se. FACILITY NAME (If not institution, give s	11 00	9b. CITY, TOWN OR LOCATION OF		13- 1	9c. COUNT	Ohi				
œ	Francis Scott 1			BAltimore			CIty				
2	RESIDENCE OF DECEDENT	key Med. Ctl.		DATCIMOLE			CIL				
DIRECTOR	10e. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCATION				104	I. INSIDE CITY		
5	Md. BA	ltimore	B.	Altimore, Md	•			1 (YES 2 NO		
AL	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZE	N OF WHA	COUNTRY?		
EH	48 Yorkway			21222			U.S.	Α.			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO If YES 2 MO If YES 3 WIdowed 4 Divorced 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Mexican, Puerto Ricen, atc.) 14. RACE Black Specify: 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Mexican, Puerto Ricen, atc.) 16. RACE Black Specify: 17. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify: 18. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify: 19. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify: 10. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify: 10. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify: 10. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify: 10. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify: 10. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify: 10. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify: 16. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify: 16. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify: 16. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify: 17. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify: 18. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify: 19. WAS DECEMBENT OF HISPANIC ORIGIN? (Speci								Americen Indien, hile, etc.		
TED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) ((ECEDENT'S Give kind of fe. Do NOT u	USUAL OCCUPATION work done during most of working se retired.)	16b	. KIND OF BUS	_	Thit	=		
COMPLET	Unknown	Conege (1-4 of 5 +)	HO	memaker		Wn Ho	mo				
∑	17. FATHER'S NAME (First, Middle, Last)		1101			Middle, Maiden					
BE	19e. INFORMANT'S NAME (Type/Print)										
입	Wayne Shreffle	Wayne Shreffler 48 Yorkway, Dundalk, MD. 21222									
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or 20c. LOCATION — City or Town, State										
	1 X Burlel 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from State Oal	place)	n Cemetary		BAl	to.,N	1d.			
	* Litari	X 0 -0.0		Bradley-Asl 2134 WIllow	nton						
	23. PART I. Enter the disesses, or	complications that caused tha d	leath. Do						Approximate		
	shock, or heart failure.	List only one cause on each lin							Intervel Between Onset and Death		
	IMMEDIATE CAUSE (Fillal										
	resulting in death) s. Car diopulmonary A rest Due TO (OR AS A CONSEQUENCE OF):										
_	Pneumonia										
0	Sequentially list conditions, DIE TO (OR AS A CONSCIUENCE OF).										
AT	if any, leading to immediate cause. Enter UNDERLYING										
ERTIFICATION	CAUSE (Disasse or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):										
F	resulting in death) LAST										
O		v						1			
ICAL	PART II. Other algnificant condition	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 JAPO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DEFINERING.									
PHYSICIAN: MEDICAL						1 123 2	Дж		DEATH? YES 2 NO		
Z											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	(Check only or	ne)					
YS	1 NES 2 3.46	1 🗆 Inpatient 2 🗆 ER/Outpatient		4 Nursing Home 5 Resider	_						
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. Til	WE OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DE:	SCRIBE HOW I	NJURY OCCU	RED			
D BY	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — Al h building, atc. (Specify)	home, lerm,	atreel, factory, office		CATION (Street a	and Number or	Rural Rout	e Number,		

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as attated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 20 Julia Sevidson-Randise FFR 1990

2 MEDICAL EXAMINER: On the beels of examination end/or

6 Could not be determined

2

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF	MARYLAND / CE			OF DEAT		MENTAL	REG. NO.				
1. DECEDENT'S NAME (First, Middle,	Last)						2. DATE	OF OEATH		EAR 3.	TIME OF OEATH	
BARBARA LEVINE				SMITH 2-11-9						7:10PM M		
4. SOCIAL SECURITY NUMBER	OCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birt			IF UNDER		_	7. DATE	OF BIRTH	6. BIRTHPLACE (State		ACE (State or Foreign	
082-32-2868	2-2868 1 M 2 KF 51 YRS. MONTHS				DAYS HOURS	MIN.	8/	15/38		N]	EW YORK	
9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY,	TOWN OR LOCATE	ON OF DE	EATH		9c. COUNT	Y OF DEAT	тн	
720 Camberly	Circle				BALTIMO			v		BAL	TIMORE	
RESIDENCE OF DECEDER	OUNTY		40- 0077	TOUR! O	R LOCATION					1 "	A MINIDE OUTV	
MARYLAND 100. C	BALTIMORE		10c. CITY,	TOWS							INSIDE CITY LIMITS? YES 2 NO	
10e. STREET AND NUMBER					10f. ZIP COD				10g. CITIZE	N OF WHA	AT COUNTRY?	
720 CAMBERL	Y CIRCLE					2120)4			US	A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. ARI 1 YES 2 N WAR OR DATES	MED O	H	MAS DECENDENT (1 yes, specify Cube YES 2 X NO	en. Mexica	n. Puerto F	? (Specify Yea Rican, etc.)	or No— 14	Black, V Specify:	American Indian, Vhita, etc. WHITE	
15. DECEDENT (Specify only highes	S EDUCATION	16a. DEG	CEDENT'S L	JSUAL OC	CUPATION luring most of world	ina .	16b.	KIND OF BUS	INESS/INDUS	STRY		
Elementary/Secondary (0-12)	Coflege (1-4 or 5	life	Do NOT use	JSEW.		'ny		A	т ном	E		
17. FATHER'S NAME (First, Middle, Li	ist)				16. MOT	HER'S NA	ME (First, A	Middle, Maiden S	Surname)			
	EVINE							Middle, Maiden S N				
19a. INFORMANT'S NAME (Type/Prin MRS. KAREN O	RENSTEIN	196	70-3	BB 1	73RD ST.	r or Rural	LUSH	ING, N	Y State, Zip C	ode)		
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3	Χ	20b. PLACE (OF DISPOSI	TION (Nat	me of cometery, crea	matory or		20c. LOC	ATION — CI	y or Town	, State	
4 Donation 5/ Other (Specify		, other pre		TH DA	AVID			FL	USHIN	G, N	Y	
21. SIGNATURE OF FUNERAL SERV	1 11	wa.		22.1	SOL LE			BROS,	INC.			
Harry	Much	allae .			6010 REI	STE	RSTOW	N RD.	BALTO	., M	D 21215	
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a ARTERIC OUE T		C CAF	RDIOV							Approximate Interval Batween Onset and Death	
if any, leading to immediate cause. Enter UNDERLYING	1											
CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. DUE T	O (OR AS A CONSEC	UENCE OF):								
readiting in death) EAST	d											
PART II. Other eignificant cor	nditions contributing t	o death but not n	eauiting i	n the un	derlying cause	given in	Part i.	24a. WAS AN			VERE AUTOPSY FINDINGS	
CHRONIC ETHAN	NOL AND DRU	G ABUSE				PERFORMED?				COMPLETION OF CAUSE		
											1 VEN YEN NO	
								INSPEX	CLION		_ 100 1 _ 110	
25. WAS CASE REFERRED TO MEDI	CAL				26. PLACE OF I	DEATH (C)	heck only or	70)				
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER 4 Num								
27. MANNER OF DEATH	28a. DATE (OF INJURY	28b. TIME	E OF	28c. INJURY AT	- Indentical		SCRIBE HOW IF	JURY OCCU	RED		
1 Natural 5 Pendin 2 Accident Investig	g (Month,	Day, Year)	INJU	JRY M	WORK?	□ NO						
3 Suicide 6 Could determ	not be building	OF INJURY — A1 ho g, etc. (Specify)	me, farm, s	treet, fact	ory, office		26f. LOC City	ATION (Street a or Town, State)	nd Number o	r Aural Aou	ite Number,	
29a. CERTIFIER	PHYSICIAN: To the best	of my knowledge de	ath con-	el me al	lma data and at ::		o do altre	mode) and	mer co co-t			
Products stood	KAMINER: On the basis of										ind manner as stated.	
29th 100 CLICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								Month, Day, Year)				
+ the	4				0	CME			•	2-1	12-90	
TAMES KADIAN		· ·			Street,	Ral+	imor	2. MD 2	1201		VC	
JAMES KAPLAN 31. DATE FILED (Month, Day, Year)	32. REGIST	RAR'S SIGNATURE	LI P	CILII	PITEEL,	Dart	LINUL	-, I'IU Z.	TZUI		VC	
FEB 2 0 1990	grilia Davidon	- House									DUW	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

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TO THE MUSICIAL DA ATTENDING PHISIONAL THE SAME INCOME. THE MUSICIAL SAME SAME SAME SAME SAME SAME	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami	
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minus or	ompleter	I, стетта	event,	
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POOL	FUNE	within	TANT	
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REGISTRAR		Ç	CULILI	CALE	OI I	DEAL		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last VIOLA	В	SCR	IBNER	2				2. DATE OF DEATH	in.	90	3. TIME OF DEATH 1107 AM M	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	(F UNDER 1)	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTN	PLACE (State or Foreign	
557-36-3057	1 M 2 F	83	YRS.	MONTHS 0	DAYS	HOURS	MIN.	(Month, Day, Year) 6/3/06		Vir	, ginia	
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, T	OWN OF	LOCATI	ON OF DE		9c. COU	NTY OF D		
NORTH ARUNDEL I						BURN			A.A. COUNTY			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY		10c. CITY	, TOWN OR	LOCATIO	ON					10d. INSIDE CITY	
				n Bur	nie				LIMITS?			
10a. STREET AND NUMBER					101.	ZIP CODI			10g. CITI	ZEN OF W	HAT COUNTRY?	
942 Tally Court						2	1061			U.S.	Α.	
10a. STREET AND NUMBER 942 Tally Court 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olivorced	12. WAS OECEOEN' FORCES? 1 IF YES, GIVE W	YES 2X	RMED NO	If y	yes, spec	olfy Cuba		NIC ORIGIN? (Specify Yea in, Puarto Rican, atc.) y:	or No-	14. RACE Black Specif	- American Indian, White, alc. White	
15. OECEDENT'S ED				USUAL OCC				18b. KIND OF BUS	SINESS/IND	USTRY		
(Specify only highest grades) Elementary/Secondary (0-12)	College (1-4 or 5 +	1Hz	aive kind of w b. Do NOT us	vork done dui e retired.)	ring mosi	t of working	ng					
Elementally/Secondary (0-12)	l vr.		ales I	Ladv				Sear	S			
17. FATNER'S NAME (First, Middle, Lest)	y . •	1 00	1103 1	Bady		10. MOT	MED'S NA	ME (First, Middle, Maiden				
T I D							_			aize		
					-		Emma					
191. INFORMANT S NAME (Typorenni)		19						Route Number, City or Town			0.68	
George Scribner								en Burnie,				
20a. METNOD OF OISPOSITION 1	moval from State	other p	lace)	orial			natory or		CATION -		wn, State lorida	
21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE	- Laine	0				SS OF FA		asoc	a, ı	101144	
		HAL.	11	Hu	bba:	rd F	uner	al Home, I	nc.			
- Lew	nan	11	- X	41	07 1	Wilk	ens	Ave. Balt	imor	e. M	d. 21229	
Sequentially liet conditione, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	b	(OR AS A CONSE	OUENCE OF	F):				rest-sud				
recuiting in deeth) LAST	d											
PART ii. Other eignificent conditi	one contributing to	deeth but not	resulting i	in the und	eriying	cauee	given in	Part i. 24s. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS	
recent pre	umanic	ANR	mic					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Do st	pation		1 DN	1				1 🗆 YES 2	PE NO		OF DEATH?	
01337	parton	1	JFD								1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	HOSPITAL:			OTHER:		ACE OF C	EATN (C)	neck only one)		_		
1 TES 2 NO	1 Inpatient 2	ER/Outpatient	3 DOA			5 🗆 R	aaldenca	8 Other (Specify)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a. OATE OF (Month, D		28b, TIM	E OF 2	86c, INJU WOF		NO NO	28d. DESCRIBE NOW I	NJURY OC	CURED		
2 Accident Investigation 3 Suicide & Could not be	28s. PLACE O	F INJURY — At h	ome, farm	street, factor				28f. LOCATION (Street	and Numbe	r or Rural I	Route Number,	
3 Suicide 8 Could not be detarmined	e building,	atc. (Specify)			,,			City or Town, State				
			_			-						
(Check only								n to the cause(s) and ma time, data and place, ar			a) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIF	HEN I	+ 00				20c LIC	ENSE NU	01	29d. DAT	TE SIGNED	(Month, Day, Year)	
/ leule	Jacksel	1/20				D.	500	296		21	17/70	
30. NAME AND ADDRESS OF PERSON NEIL E PADGETT					AD	GLE	N BU	RNIE, MARYL	AND	2106	1	
31. DATE FILED (Month, Day, Year)		R'S SIGNATURE						,				
FEB 20 1990	1 1 2	- Bondall										

OLD MARKEL BERTING CLERK

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Dept.	23
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death with	marked,
ter	00
S al	m 28 ₺
Sec.	1

DR. HERBERT

MEVICKAS M.D.

5404

EAST DRIVE

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICAIE	Ur	DEATH		REG. NO.			3. TIME OF	DEATH
	HILARY THOMAS	· SHIPLEY	, JR.					Mont	10	7	9°6	135	AM .
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		6. BIRTI	HPLACE (State	or Foreign
	215-03-1691	1 📉 M 2 🗌 F	72	YRS.	MONTHS	DAYS	HOURS MIN.	11	73/17		Mar	yland	
OR	9a. FACILITY NAME (If not institution, give NORTH ARUNDEL H										A. (COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OF	LOCAT	ION					10d. INSIDE	CITY
E E	Maryland Balt	imore		A:	rbutu	S						1 YES	
	10e. STREET AND NUMBER					101	ZIP CODE			10g. CITI	ZEN OF	WHAT COUNT	RY?
EB	1210 Maple Aver	nue					2122	7		1	J.S.	A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT_EVER IN U.S. I YES 2 (MAR OR DATES	ARMED NO	11	yes, spe	ENDENT OF HISPA celfy Cuban, Maxie 2X NO Spec	an, Puarto		or No-	14. RACI Blac Spec	E — American k, White, atc.	111000
0	15. DECEDENT'S ED (Specify only highest gra-		16a.	DECEDENT'S				168	. KIND OF BU	SINESS/INC	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life, Do NOT u	se retired.)	aning mo	st or working						
MP	12th grade		C	Commer	cial	Art	ist		Alco	Gravi	ure		
CO	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S N			Surname)			
BE	Hilary T. Shiple	ey, Sr.							ipley				
0	19a, INFORMANT'S NAME (Type/Print)						nd Number or Rure					0	
	Shirley M. Verno	on	100,000				m Road				2101		
	20s. METHOD OF DISPOSITION 1 M Burial 2 Cremetion 3 Ra	moval trom Stata	othe	place) Idon P			netery, crematory or			CATION —			0 - 4
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	_ Lou	idoli F	22. 8	AME AN	ID ADDRESS OF I	ACILITY			ore,	Maryl	Land
	Jackie &	. Shar	mon	۰	Hu	bba	rd Fune Wilkens	ral H			ore,	Md.	21229
	23. PART I. Enter the diseases, o shock, or haert fellure				not antar	tha mo	de of dylng, su	ch as car	dlac or resp	iratory an	rest,		oximate
	IMMEDIATE CAUSE (Final	e. Liet Only One Ca	use on each i	iiie.				•	, ,			Onse	t and Deat
	disease or condition resulting in death)	a. (lente	- m	MOC	071	hal	enf	arcte	eri		Su	older
		QUE TO	(OR AS A CON			1		0 1.	7 '		1		
Z	Sequentially list conditions,	6. Urle	ussel	role	ا لحر	dy	March	an	Dision	100	loses	ucy	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CON	SEQUENCE O	IF):					6			
2	CAUSE (Disease or Injury	C	D (DR AS A CON	SECUENCE O	IFI.								
	that initiated events resulting in death) LAST	00276	(01176071 0011	SEGOEITOE C	. ,.								
		d										-	
AL	PART II. Other significant condition	ona contributing to	death but no	ot resulting	In the un-	darlyln	g cause givan i	n Part I.	24a. WAS AN		24	b. WERE AUTOI	
2									1 TYES	11		OF DEATH?	N OF CAUSE
ME					4. 11.							1 TES	2 🗌 NO
PHYSICIAN: MEDICAL													
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF DEATH (Check only o	ne)				
ls.	1 TES 2 NO	1 Inpetient 2	ER/Outpatien	3 🗆 DOA	OTHER		e 5 Residenc	8 🗆 Oth	er (Specify)				
H	27. MANNER OF DEATH	28a, DATE O (Month,	F INJURY Day, Year)	28b. Til	ME OF	28c, INJ WC	JURY AT	28d. DE	SCRIBE HOW	INJURY OC	CURED		
	1 Netural 5 Pending 2 Accident Investigation				M	1 🔲							
m	3 Suicide 8 Could not b	28a. PLACE building	OF INJURY — A	t home, farm,	street, facto	ory, offic	•		CATION (Street or Town, State		r or Rural	Route Number,	
	4 _ Hornicials additioning					_							
0													
0	Orioth Oriny	YSICIAN: To the best of	f my knowladge	, death occur	red at the ti	me, dete	and place, and d	un to the ci	euse(a) and ma	nner as sta	rad.		
0	(Check only	YSICIAN: To the best of										(a) and manne	r an stated.
COMPLETED	(Check only	NER: On the basil of						he time, de		nd due to t	he cause	(a) and manne D (Month, Day,	
TO BE COMPLETED BY	(Check only one) GERTIFYING PRI	NER: On the basil of					feath occured at t	he time, de		nd due to t	he cause		

OHMH-18 Rev 1/89

BALTIMORE, MARYLAND

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DECEMBER 1

THE REPORT OF THE PART OF THE

BALTIMORE, MARYLAND 21203-3146	NG PHYSICIAN: The law requires that the death certificate be executed within your after death. Page is may be entired by the human period of physician.	fifer this certificate has been signed by the attending physician and completely filled in by the funer manner are a manual or directions and manual through the prior to burial, cremation, or removal.	, the medical examiner must be notified at once.	TO BE COMPLETED BY FINEDAL DIDECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMBLETED BY DHYSICIAN: MEDICAL CEDTIFICATION

	REGISTRAR					IVALI	_ 01	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Earl S		es Earl H	lampton.	Somme	ers			2. DATE OF MONTH	DEATH DA	16	YEAR QO	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB 217-07-4851	ER	5. SEX	6. AGE (In yrs. In	yrs.	IF UNDER	DAY®	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, L			6. BIRTHP Country)	LACE (State or Foreign
OR	9a. FACILITY NAME (II not in Riverview A					9b. CITY	, TOWH O	OR LOCATION OF D	EATH			ITY OF DE	ATH
5	RESIDENCE OF DEC												
DIRECTOR	Md.	10b. COUNT	Y			y, town						INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER			101	21224	1		_	11 0	AT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo	RMED		If yes, sp	ENDENT OF HISPAI ecify Cuban, Maxico 2 NO Specifi	an, Puarto Ric	Specify Yea an, atc.)	or No-	14. RACE - Black, Specify	- American Indian, Whita, etc.			
	70		1	W, W									White
LETED	(Specify only Elamentary/Secondary (0	edent's edu highest grade	CATION completed) College (1-4 or 5	(0	_	work done se retired.)	during mo	st of working		rown,			
COMPLET	17. FATHER'S NAME (First, M	iddle, Last)			Fact	ony v	VONR	18. MOTHER'S NA	AME (First, Mid	idle, Maiden S	_	Sear	
BE (James So	ommers			D6 88811 1840	Annee	C (Director	and Number or Rural	a Mey		0	0.41	
5	C 1 C C	mers			2979	Conn	wall	Road D	undal				
	20a. METHOD OF DISPOSITION 1 M. Burlal 2 Cremation 4 Donation 5 Dother	n 3 🗆 Rem	oval from State	20b. PLACE other p	viace)			L Faith	•		rlea,	Olty or Tow	n, State
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE		22. NAME AND ADDRESS OF FACILITY						Inc. Eastern Ave.		
-	23. PART I. Enter the d	le_	U . 15		and Da								Approximete
z	IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	+	a. There to	OR AS A CONSE	EOUENCE O	leteo	Cov	nave Oa	leada	Ds	lare		Onset and Death
CERTIFICATION	Sequentielly list conditions, If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
ERTIF	thet initieted events resulting in deeth) LAST d.												
EDICAL	PART II. Other significe devoltal	resulting	In the u	nderlyln	g ceuee given in	Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO				VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Σ.	Cuelorane	you a	Hebral	Tie D	موفع	21							I IES Z I NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHE	R:	LACE OF DEATH (C)					
	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	Pending	1 Inpatient 2 (28a. DATE OF (Month, L	INJURY	28b. TIN		28c. INJ WC	DURY AT DRK?		Specify)	JURY OCC	CURED	
D BY	2 Accident 3 Suicide 6	Investigation Could not be		OF INJURY — At h	ome, farm,	street, fac		YES 2 NO		ION (Street a Town, State)	nd Number	or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER	datarmined	ICIAN: To the best o	my knowledge d	leath occur	ad at the	Ilma data	and place, and du	a to the cause	(a) and man	ner ee etek	ad	
OMP	onel												and manner as stated.
BE	296. SIGNATURE AND TITLE	/	e Cerris					DISGE				E SIGNED	Month, Day, Year)
의	30. NAME AND ADDRESS OF	Vilia	015 ATO	1001- H	000	p, Print)	05 (aue 3	auto	ord.			
	31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S INCANTUME	E								
	FFRAU	330	The property of		_	-	_						DHMH-16 Ray 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the has find within 72 hours after death with the State Dent of Health and Mental Hidielle order to build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
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	EDENT'S NAME (First, Mi	liddle, Last)			ERTIF	ICATE	OF	DEA	IH	2. OATE OF DE			3. TIME OF DEATH
	eresa		A.			SC	ARPI	NO		MONTH DAY YEAR			05:00 p
	IAL SECURITY NUMBER	1	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER		IF UNDE	R 24 HRS.	7. DATE OF BI (Month, Day,	RTH		THPLACE (State or Foreign
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RESI	DENCE OF DECE)	поѕриш	<u>C</u>	_		Na	30 V.L	we		B	<u>altimo</u>	re Co.
	Mol. 10	Bal	timore		10c. CIT	Y, TOWN O		TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
	REET AND NUMBER 2 Wiltshir	-			101	21 21	221		-10	0g. CITIZEN OF	A.		
3 🗆 W	RITAL STATUS lever Merried 2 Me Vidowed 4 Divorce		YES 2 NO If yes, specif					NIC ORIGIN? (Spenn, Puerto Rican, fy:		Bia	CE — American Indian, ock, White, etc. White		
Eler	(Specify only hi	1			ECEDENT'S Give kind of le. Do NOT u	work done i	CCUPATH during mo	ON at of work	ing	18b. KIND	OF BUSIN	ESS/INDUSTRY	
Elei	mentary/Secondery (0-12	2)	College (1-4 or 5	+)	CL	erk				Ret	fail S	Sales	
17, FAT	HER'S NAME (First, Midd	ile, Last)								AME (First, Middle,			
	asimir Wan		3				- 10	P	auli	ne Kozl	owski	<u>i</u>	
19a. INI	FORMANT'S NAME (Type		C	1	9b. MAILING					Route Number, Cit	y or Town, S	State, Zip Code)	
200 M	N. P. Scan	+	JR.	20h BI 40	E OF DISPO	ltshi			-	x, Md. 2	21221	FION — City or	Town Otesta
1 1 B	urial 2 Cremation onation 5 Other (S)	3 - Remo	val from State	other ;	olace)	Stani			emed			imore (itu. Md.
21. SIG	NATURE OF FUNERAL S	SERVICE LICE	ENSEE	1	0.0				ESS OF FA	1		chorec ;	6221
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	se or condition ling in deeth)		Ventri		achyc EOUENCE O								
Seque if any ceuse CAUS thet is result	entielly list condition to leading to immedie to Enter UNDERLYING E (Disease or injury nitieted events ling in death) LAST	ete G	Arteri	OR AS A CONS	tic H	eart.			2				
ceuse CAUS thet is reault	, leeding to immedie b. Enter UNDERLYING E (Disease or injury nitleted events ling in death) LAST	ote G	Arteri	OSCIETO OSCIETO OGRAS A CONS	tic H	en: leart en:	Dis	sease		Part I 24a	WAS AN AIR	mosey I a	AL WEST AUTODOX ENDINO
PART	t, leeding to immedie b. Enter UNDERLYING E (Disease Dr Injury nitieted events ling in death) LAST	conditione	Arteri	OSCIETO OSCIETO OSCIETO	tic H	en: leart en:	Dis	sease			WAS AN AU	ED?	AVAILABLE PRIOR TO
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PART Ve Cc 25. WA: EX 1 [27. MAI	leeding to immedia leeding to immedia leeding to immedia leeding to immedia leeding in the leeding in death LAST l. Other algnificent l. Other a	conditione Aneur Conge MEDICAL anding westigation build not be termined	Arteri DUE TO Arteri DUE TO CONTRIBUTION CON	O (OR AS A CONS O (OR AS A CON	resulting ilure 3 @ boa 28b. Time	OTHER	Dissiderlyin 26. PP 28c. IN. W 1 1 totory, officience, date	g ceuse g ceuse LACE OF 1 DO 5 1 DRK? YES 2	given in	6 Other (Spe 28d, DESCRIB 28f, LOCATION City or Tow	PERFORME YES 2 P Activity E HOW INJU 4 (Street and menne	URY OCCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAALE 27. MAIL 1 27. MAIL 1 290. CE (C)	A leeding to immedie De Enter UNDERLYING E (Disease or Injury III. Other algnificent CONTROL OF CONTROL S CASE REFERRED TO II AMINER? YES 2 M NO NNER OF DEATH Netural 5 Pe ACCIDENT OF CONTROL Suicide 8 Co Homicide 6 Co Homicide 7 Medical GNATURE AND TITLE O	Aneur Congression of Central Examiner	DUE TO Arteri DUE TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING CONTRIBUT	OF AS A CONS OSCIETO OF AS A CONS OF A CONS OF A CONS OF A CONS OF A C	resulting ilure 3 @ Doa 28b. Tim nome, farm, r investigati	OTHEL OT	Dissiderlyin 26. PP 28c. IN. W 1 1 totory, officience, date	g ceuse	given in	6 Other (Spe 28d, DESCRIB 28f, LOCATION City or Tow	PERFORME YES 2 P rolly) E HOW INJU A (Street and menne) and menne place, and de	URY OCCURED Number or Rura or as stated.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WALEX 1 C27. MAI 1 TX 2 CC 27. MAI 1 TX 2 CC CC CC CC CON 29b. Si	A leeding to immedie Denter UNDERLYING E (Disease or Injury III. Other algnificent CONTROL OF CONTROL CONTROL OF CONTROL CONTROL OF CONTROL	a conditione Aneur Conge Medical Medic	Arteri DUE TO Arteri DUE TO CONTRIBUTION CON	O (OR AS A CONS O (OR AS A CON	TICH EOUENCE OF THE COUNTY OF	OTHER OTHER OTHER A DRIVE M street, fact on, in my of	Dissideriyin 26. Pi 28. Ring Hon 29c. INN 1 Toroy, office	g ceuse g c	given in	1 Check only one) 6 Other (Spe 28d. DESCRIB 28f. LOCATION City or Tox e to the cause(a) e time, date and (PERFORME YES 2 P rolly) E HOW INJU A (Street and menne) and menne place, and de	URY OCCURED Number or Rura or as stated.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO No Route Number,

OHMH-18 Rev 1/89

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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIF	CATE OF	DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	av.	YEAR	3. TIME OF DEATH
CATHERINE	7	CTOD	1.5			0.2	7 7		OO	770 AT
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	- T	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRT	HPLACE (State or Foreign
214-20-1636	1 M 2X F	68	YRS.	MONTHS DAYS	HOURS MIN.	07	19 19	21	PEN	NSYLVANI.
. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOWN	OR LOCATION OF O	EATH		9c. COU	INTY OF E	DEATH
MODILI ADITADET LI	ACDITEAT			OF TOU						
ESIDENCE OF DECEDENT				CDAT :	UPMIR			44.	A. t	COUNTY
. STATE 10b. COUN			10c. CITY	Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
	ANNE ARUI	NDEL			N BURN	[E				1 TYES 2 NO
STREET AND NUMBER				10	f. ZIP CODE			10g. CIT		WHAT COUNTRY?
108 1st AVEN					2106					.A.
. MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N	MED O	13. WAS DE	CENDENT OF HISPA Decity Cuban, Mexic S 2 NO Speci	NIC ORIGII en, Puerto fy:	4? (Specify Yea Ricen, etc.)	or No—	14. RAC Blec Spec	E — American Indian, ik, White, etc. iiiy: WHITE
15. DECEDENT'S ED	DUCATION	16e. OE	CEDENT'S	USUAL OCCUPATI	ON	181	. KIND OF BU	SINESS/IN	DUSTRY	
(Specify only highest gra- Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gr	ve kind of v Do NOT us	vork done during m se retired.)	ost of working					
12	_		HO	USEWIF	E		H	OME	MAKE	R
FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First,	Middle, Malden	Sumeme)		
AZY BODNAR					MAI	RY Y	OUBAN	D		
OANIEL T. STO	RM		_	ADDRESS (Street	and Number or Rural		ber, City or Tow N BUR			21061
a NETHOD OF DISPOSITION Burlet 2 □ Cremetlory 3 □ Re	SECURIO	20b. PLACE	OF DISPOS	SITION (Name of ce	metery, crematory or	_	20c. LO	CATION -	City or T	own, State
Donation 5 D Atte (Specify)	moval from State	MA	RYLA	ND VET	ERANS		CRO	WNSV	/ILL	E, MD.
SIGNATURE OF FORERAL SERVICE	LICENSEE	1		22. NAME A	ND ADDRESS OF F	ACILITY				01063
* Law	d. Lo	whom	m	RAYM	OND C.	F'IN	K FUN	ERAL	HO	ME 21061 NIE,MD.
esulting in death) sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated avents esulting in death) LAST	b. Acu	OR AS A CONSECUTION OR AS A CONSECUTION OR AS A CONSECUTION OR AS A CONSECUTION OF A CONSE	MUENCE	y oca	Drak	1	ni g	arl	tro	
ART II. Other significant condition	ons contributing to	death but not n	eaulting	In the undarlyli	ng causa given in	n Part I.	24e. WAS AN PERFO	RMED?	24	b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION DF CAUS
								7.10		OF DEATH?
										N/A
. WAS CASE REFERRED TO MEDICAL	1			28. F	PLACE OF DEATH (C	heck only o	ne)			,
EXAMINER?	HOS ITAL:	ER/Outpatient 3	DOA	OTHER:	me 5 🗆 Reeldence					
MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	IE OF 28c. IN	JURY AT		SCRIBE HOW	INJURY O	CCURED	
Natural 5 Pending	(Month, Da	y, Yoar)	INJ	JURY W	ORK? YES 2 NO					
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF	FINJURY — At ho	me, farm, :	street, fectory, offi			CATION (Street or Town, State		er or Rural	Route Number,
age)	/SICIAN: To the best of a									(a) end menner es state
b. SIGNATURE AND TITLE OF CERTIF	TIER	ne	ru	L	29c. LICENSE NU		0	29d. DA	TE SIGNE	D (Month, Day, Year)
NAME AND ADDRESS OF PERSON OF								7) 2, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	4	

ours after death. Page 6 may be retained by the hospital at

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 2120

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Menial Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FEB 20 1990

DHMH-18 Rev 1/89

TOTAL TANK TO SERVICE TO SERVICE

DHMH-16 Rev 1/69

FOR STATE REGISTRAR

		1. DECEDENT'S NAME (First, Middle, Lest) Lillian M. Steward 2. DATE OF DEATH MONTH DAY YEAR 9. 45 PM											
		4. SOCIAL SECURITY NUMBER	mar	5. SEX	4 ACE 45	s jeu	in inion	1.	IT IMPED AL UNA	7 DATE OF BUTTU	7	/	IN ACE (Claim on Service
		214-20-994	16	1 M 2 M	8. AGE th yrs.	YRS.	MONTHS .	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	904	Countr	PLACE (State or Foreign Y) Hd
		9a. EACILITY NAME (If not institu	ition, give str	reet and number)	/		9b. PITY,	TOWN C	OR LOCATION OF DE		9c. COL	JNTY OF D	EATH
	DIRECTOR	Baltimory RESIDENCE OF DECED	e C	o. Gen	Hosp	2	Ka	nd	allston	17			
	EC		b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	TION				10d. INSIDE CITY
	- 6	MU				Bo	1/4.	7 1 0 1	·e				LIMITS?
1	FUNERAL	10e. STREET AND NUMBER	R	/	01			101	ZIP CODE		10g. CIT	TIZEN OF V	VHAT COUNTRY?
31	NE I	4010	Day	rington	Ra				421.5			4	. J.H.
1	BY FU	11. MARITAL STATUS 1 Never Married 2 Mai 3 Widowed 4 Divorced			IT EVER IN U.S.V. I YES 2 PAR OR DATES			If yes, sp		ilC ORIGIN? (Specity Yan, Puarto Rican, etc.)	a or No—		E - American Indien, k, White, etc.
المال منيد	-0	15. DECEDE	ENT'S EDUC	ATION	16a, 1	DECEDENT'S	USUAL O	CCUPATIO	ON:	16b, KIND OF BU	ISINESS/IN	DUSTRY	NICO
	ш	(Specify only hig Elementary/Secondary (0-12)		College (1-4 or 5		(Give kind of a	work done i	during mo	ast of working				
93	COMPL	47 PAYLIFFIC MARK (STA 1614)	(200)	18.		140	we	Wil		Water Committee			
at onc	ш	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surrarge) Susie Washington Norms											
notified	TO B	19a. INFORMANT'S NAME (Type	gring)	Odon		19b. MAILING	ADDRESS	S (Street o	and Nymber or Rural	Route Number, City or To	yn, Stale Z	ip Code)	Battond
pe		200. METHOD OF DISPOSITION		<i>(</i> qer	20b. PLAC	E OF DISPO	SITION (Na	ime of cei	metery, crematory or	2094	OCATION -	- City or Jo	7/208 mm, State
r must		1 Serial 2 Cremation 4 Donation 5 Other (Sp	ecify)		other	place) GC	arr	1500	Forast	Vet Ou	ving	5 /	Ills, ted
examiner		22, NAME AND ADDRESS OF FACILITY Was to Washing Ave											Ave
medicai		23. PART I. Enter the diser	ssas, or c	omplications the	at caused the	dasth. Do	not anter	the mo	de of dying, suc	h'ss cardiac or res	olratory s	rrast,	Approximate interval Between
e :		IMMEDIATE CAUSE (Final		,		,			1	0			Onset and Daath
t, the		disease or condition resulting in dasth)		B	(an	de	-		Arva	t			Minate
c event,	7			DUE TO	OR AS A CONS	SEQUENCE O	F):	P					14006
traumatic	CERTIFICATION	Sequentially list condition if any, leading to immedia	ta	DUE TO	OR AS A CONS	SEQUENCE O	9: P	7	- A	1.1			7
	2	CAUSE (Disease or Injury	1	DUE TO	1+0	all	- 1	07	male	Therest	27	slan	Pay
or other	TF	that initiated events resulting in dasth) LAST		002 10	OR AS CONS	O. J	2	N	001				Clean
	CER			1		aseroe			exe ev				1 1
any injury,		PART II. Other algolficant	condition	s contributing to	death but no	t resulting	In tha ur	ndariyin	g cause given in		N AUTOPSY	248	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	EDICAL									1 TYES	. /		COMPLETION OF CAUSE OF DEATH?
NOWS	ME											-	1 YES 2 NO
23 sh	ä												
item 2	SICIAN	25. WAS CASE REFERRED TO N EXAMINER? 1 YES 2	BUCKL	HOSPITAL:			OTHE	R:	LACE OF DEATH (Ch				
0	>	27. MANNER OF DEATH		1 Thepatient 2		28b, T/A			JURY AT	8 Other (Specify) 28d. DESCRIBE HOW	IN ILIEY O	CCUBED	
marked,	ВУ РН	1 Natural 5 Per	nding estigation		Day, Year)		JURY	W	YES 2 NO	and begoings from		COMED	
28 is m	LED B	3 Suicide 8 Con	uld not be ermined	26a. PLACE (building	OF INJURY — At , etc. (Specify)	home, farm,	street, fac	tory, offic	DB	28t. LOCATION (Stree City or Yown, Stat		er or Rural	Route Number,
11 item	MPLE	one only								to the cause(s) and m			s) and manner as stated.
TANT	COMI												
MPORTANT:	BE	296. SIGNATURE AND TITLE OF	CERTIFIER	- AA	4	m	7		29c. LICENSE NUI	MUER	29d. DA	TE SIGNE	(Month, Day, Year)
E S	10	30. NAME AND ADDRESS OF P	ERSON WH	O COMPLETED CAL	JSE OF DEATH (TEM 27) (7/2)	e ()		1000	0 100		0	(+-10
		David Ia Com. O 10210 Soule Deliate RC.											
		31_DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE DG TO THE CONTROL OF T											
			0	1 20	90 8.00	3			8	-/	· Sec		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL ORFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria many and the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

HEGISTHAR			Chilic	CALL	. 01	DEA		P	IEG. NO.			
1. DECEOENT'S NAME (First, Middle, Lest) ABRAH	AM SEKULO	W	1					2. DATE OF MONTH	0EATH 17,	199	90	3. TIME OF DEATH 12:17 A
4. SOCIAL SECURITY NUMBER 052~10~3239	5. SEX	6. AGE (In yrs. le	st birthday) YRS.	(F UNDER	1 YEAR DAYS	HOURS	MIN,	7. DATE OF I	BIRTH by, Year) 2, 1	908	Country	PLACE (State or Foreign) SSia
90. FACILITY NAME (If not institution, give BALTIMORE CO		ERAL HOS	SP.	9b. CITY,			ON OF DI	EATH		9c. COUN	TY OF OE	ATH
RESIDENCE OF DECEDENT 100. STATE MARYLAND BA	ALTIMORE			Y, TOWN OF								10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10a. STREET AND NUMBER 1 HARNESS COURT.	, APT. T-	2	101. ZIP COOE 21208						10g. CITIZEN US.			HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE V	YES 2	RMED NO	13. V	MAS DECI 1 yes, spe 1 YES	ENDENT Cuba 2 NO	OF HISPAI in, Mexica Specif	NIC ORIGIN? (S an, Puarto Rice y:	ipecity Yea n, atc.)	or No-	Bleck,	- American Indian, White, atc. WHITE
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5	(C	ECEDENT'S Give kind of ve Do NOT us	USUAL OC vork done d re retired.)	furing mos	N at of workli	ng	16b. Kff	Real	Est:		
17. FATHER'S NAME (First, Middle, Lest) ANSHEL SEKULO	OW			200		16. MOT	HER'S NA	AME (First, Midd HANNA	le, Maiden S			N)
19a. INFORMANT'S NAME (Type/Print) MRS. FLORENCE SEI	KULOW							Route Number,	City or Town	, State, Zip	Code)	
20a. METHOD OF OISPOSITION 1 Burlel 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	moval from State	20b. PLACE other p	OF DISPOS	W MT	me of cen	BANO	netory or		20c. LOC	SEL 1	City or Tov	vn, State
21. SIGNATURE OF FUNERAL SERVICE L	S (1 1-						CILITY SOI				BROS., INC MD 21215
IMMEDIATE AUDE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. Sulfa only one can out to o	OR AS A CONSE	e. OUENCE OF	n: V				M				Interval Between Onset and Das
PART II. Other significant condition	one contributing to	deeth but not	resulting	. 1	1	CLLV			e. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	FR/Outpatient	3 🗆 DOA	OTHER 4 Num	R:	1		heck only one)	neoffel			
27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE Of (Month, I	INJURY	28b. TIM		28c. INJ	URY AT	NO	28d. DESCR		NJURY OC	CURED	
2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 281. LOCATION (Street and Number or Rural Round City or Town, State)									oute Number,			
cool only	SICIAN: To the best of											and menner ea stated.
296. SIGNATURE AND TITLE OF CERTIF	574N					29c. LIC	ENSE NU	MBER Solo		29d. DAT	E SIGNED	(Month, Gey, Year)
30. NAME AND ADDRESS OF PERSON W	HKK	SE OF DEATH (IT	EM 27) (Type	, Print)	13	Ar	O	m	0	2	(20)/

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

anne permit. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
CVI VITA CCHEDD	2. DATE OF DEATH

- STATE REGISTRAR			C	ERTIF	UNIL	OI DEAIL		REG. NO			
SYLVII		CHERR	SYLVI	A SCH	ERR		MO		3	YEAR 90	3. TIME OF DEATH 5: PM
4. SOCIAL SECURITY NUME	BER	5. SEX 1 M 2 X F	6. AGE (In yrs. In	st birthday) YRS.	IF UNDER 1	YEAR IF UNDER 24 HRS DAYS HOURS MIN.	(M	TE OF BIRTH onth, Day, Year)	1920	Country	PLACE (State or Foreign V) RYLAND
GOOD SAMARI	TAN HO					TOWN OR LOCATION OF CIMORE	DEATH		9c. COUN	NTY OF D	EATH
RESIDENCE OF DEC 100. STATE MARYLAND	10b. COUNTY BALTI				r, town on TIMOR	LOCATION RE					10d. INSIDE CITY LIMITS?
35 STONEHE		R., APT.	3			101. ZIP CODE 21208			US.		HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 🔀 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	YES 2	NO If yes, specify Cuben, Mexican, Puerto Ricen, etc.) Bleck,						— American Indian, White, etc.	
15. DEC (Specify onl Elementery/Secondary (t	CEDENT'S EDUC by highest grade (0-12)	CATION completed) College (1-4 or 5+)	(0	ECEDENT'S USUAL OCCUPATION live kind of work done during most of working Do NOT use retired.)						USTRY	
17. FATHER'S NAME (First, A HARRY		NKELSTEIN		DIREC'	TOR C	F VOLUNTER 16. MOTHER'S ROSE	NAME (Fir	SINAI st, Middle, Malden RWITZ		ITAL	
190. INFORMANT'S NAME (,,					(Street and Number or Ru	ral Route N	lumber, City or Tow			208
20a METHOD OF DISPOSIT 1 ABurlel 2 Crematil 4 Donetion 5/ Other	OF 3 A Rem	oval from State	ARL	OF DISPOS	N (CH	ne of cometery, crematory of IIZUK AMUNO	or))		CATION —		
21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE /			22 N	AME AND ADDDESS OF	FACILITY				
	naart fallure.	complications that List only one caus	caused tha d	aath. Do n	60	AME AND ADDRESS OF L LEVINSON 010 REISTER the mode of dying, a	RSTOV	VN RD.,	BALT		Approximata interval Batwe
shock, or fi	tions,	a. S'E DUE TO	caused tha dise on aach line	e. EOUENCE OI	60 not anter t	10 REISTER	RSTOV	VN RD.,	BALT		Approximata interval Batwe
shock, or fi IMMEDIATE CAUSE (Fi disease or condition resulting in death)	tions, ediata	a. S'E DUE TO (PS/S	e. EQUENCE OF	60 not anter t	10 REISTER	RSTOV	VN RD.,	BALT		Approximata interval Batwe
shock, or fi IMMEDIATE CAUSE (Fi disease or condition reaulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	tions, ediate rinks	a. S'E DUE TO (DUE TO (DUE TO (PS/S OR AS A CONSI	EOUENCE OF	60 not anter t	010 REISTER the mode of dying, a	RSTOV	VN RD.,	BALT	rest,	Approximate interval Batwo Onset and De
shock, or fi IMMEDIATE CAUSE (Fli disease or condition reaulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuted initiated events resulting in death) LAS PART II. Other signification PL VA 25. WAS CASE REFERRED TEXAMINER?	tions, ediata ring ant condition	B. DUE TO (DUE	OR AS A CONSI	EOUENCE OF	600 not enter t	26. PLACE OF DEATH	in Part I	VN RD., ardiac or reep 24a. WAS AN PERFO 1 YES:	BALT	rest,	Approximate interval Batwe Onset and Da
shock, or filmMEDIATE CAUSE (Fildlaease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or injusted events resulting in death) LAS PART II. Other signification of the cause. Examiner? 1 Yes 2 No. 27. MANNER OF DEATH 1 Netural 5	tions, odiata //ING ury ST ant condition	B. DUE TO (d	OR AS A CONSI	EOUENCE OF	other t	26. PLACE OF DEATH	in Part I	VN RD., ardiac or reep 24a. WAS AN PERFO 1 YES:	BALT	24b	Approximata interval Batwe Onset and Da
Shock, or filmMEDIATE CAUSE (Fliddlease or condition reaulting in death) Sequentially list condition reaulting in death) Sequentially list condition reaulting in death) Sequentially list condition reaulting in death) CAUSE (Disease or injuted initiated events resulting in death) LAS PART II. Other signification resulting in death) PART II. Other signification resulting in death) 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	tions, ediata // ING ury ST ant condition	B. DUE TO (DUE	OR AS A CONSI	EOUENCE OF COUENCE OF	OTHER 4 ON Nursi	26. PLACE OF DEATH: Ing Home 5 Residen 29c. INJURY AT WORK? 1 YES 2 NO	in Part I	VN RD., ardiac or reep 24a. WAS AN PERFO 1 YES:	BALT Iratory arr	24b	Approximate interval Batwe Onset and Da
Shock, or filmMEDIATE CAUSE (Fildisease or condition reaulting in death) Sequentially list condition reaulting in death) Sequentially list condition reaulting in death) Sequentially list condition reaulting in death) CAUSE (Disease or injutted initiated events resulting in death) PART II, Other signification resulting in death) PART II, Other signification resulting in death) 25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 28. Accident 3 Suicide 6 4 Homicide PART II, Other signification resulting in death)	tions, ediata ling ury st condition with the condition of	B. SZ DUE TO (b. DUE TO (c. DUE TO (d	OR AS A CONSI OR	e. EOUENCE OF EOUENCE OF resulting January Communication Ja	OTHER 4 ON Nursi E OF Mursi Mursu Mu	26. PLACE OF DEATH: Ing Home 5 Residen 29c. INJURY AT WORK? 1 YES 2 NO	in Part I	IN RD., ardiac or reep 24a. WAS AN PERPO 1 YES: y one) Wher (Specify) OESCRIBE HOW COCATION (Street Chy or Town, State	BALT Iratory arr AUTOPSY RMED? 2 NO INJURY OC. and Number onner se star	24b CUREO r or Rural I	Approximata interval Batwe Onset and Da
Shock, or filmMEDIATE CAUSE (Fildisease or condition reaulting in death) Sequentially list condition reaulting in death) Sequentially list condition reaulting in death) Sequentially list condition reaulting in death) CAUSE (Disease or injutted initiated events resulting in death) PART II, Other signification resulting in death) PART II, Other signification resulting in death) 25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 28. Accident 3 Suicide 6 4 Homicide PART II, Other signification resulting in death)	tions, ediata // ING ury ST Conditions of the condition o	B. SZ DUE TO (b. DUE TO (c. DUE TO (d.	OR AS A CONSI OR	BOUENCE OF COURNER OF THE STATE	OTHER 4 ON Nursi E OF Mursi Mursu Mu	26. PLACE OF DEATH: Ing Home 5 Residen 28c. INJURY AT WORK? 1 YES 2 NO	in Part I (Check onl) 28d. 28f.	IN RD., ardiac or reep 24a. WAS AN PERPO 1 YES: y one) Wher (Specify) OESCRIBE HOW COCATION (Street Chy or Town, State	BALT Iratory arr I AUTOPSY RIMED? 2 P NO INJURY OC. end Number onner se star nd due to tr	24b CUREO r or Rural I	Approximata interval Batwe Onset and Da

BE CO

2

294 SIGNATURE AND THE OF CHITCHE

FFB 2 0 1990

Frank J. Peretti,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLANĎ /	DEPAR	TMENT	T OF H	EALTH DEAT	AND I	MENTAI	L HYGIE		90	04153
	1. DECEDENT'S NAME (First, Middle, Last)			1					2. DATE	OF DEATH	DAY	YEAR 3	. TIME OF DEATH
	Robert	Junior		Su	rles				2			90	4:15 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	at birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.		OF BIRTH		6. BIRTHPL Country)	ACE (State or Foreign
	241-70-6914	1)(M 2 □ F	48	YRS.	MONTHS	DAYS	HOURS	MIN.	9/2	1/41		oody,	NC
	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY		R LOCATION		ATH		9c. COUN	TY OF DEA	тн
OR	808 W. Lexington	n St., Ar	ot. 4			Ва	ltim	ore					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			T soc CIT	Y, TOWN (OR LOCAT	TON					1.	Od. INSIDE CITY
R	MD				LTIM		ION						LIMITS?
	10s. STREET AND NUMBER			DF	/L I	-	ZIP CODI				100 CITIZ		YES 2 NO
RA	808 W. LEXINGTON	STREET	ADT /			101							AI COONTAT?
FUNERAL	11. MARITAL STATUS	T EVER IN U.S. AI						UC ODICIA	12 (P14- V		SA	American Indian	
	1 Never Married 2 X Married	YES 2 X	NO If yes, specify Cuben, Maxican,					n, Puerto I		es or No		- American Indian, White, stc.	
ВУ	3 Widowed 4 Divorced			1 [] YES	2 X NO	Specify	<i>i</i> :			Specify:	BLACK		
ED	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DI	ECEDENT'S	USUAL O	CCUPATIO	ON		16b	KIND OF B	USINESS/INDI	USTRY	
Ξ	Elementary/Secondary (0-12)	College (1-4 or 5 -) life	Sive kind of a. Do NOT u	se retired.)	auring mo	St OF WORKI	g					
API.	8th			JANIT	ORIA	\L					NA		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, I	Middle, Maide	n Surname)		
ш	JOHN SURLES			- 111			M	ABLE		5	TOKES		
TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural I	Route Numi	ber, City or To	own, State, Zip	Code)	
-	PEARL SURLES			720	N. M	IADE I	RA S	TREE	T/BA	LTIMO	RE, MI	D 21	213
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo	oval from State	20b. PLACE other p	vlace)		ame of cen	netery, cren	natory or		20c. L	OCATION —	City or Town	n, State
	4 Donation 5 Other (Specify)	- 1006	BAL	TIMOR	-	METE				E	BALTIM	ORE,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME AN	ID ADDRE	SS OF FA	CILITY				
	Alady	Wa	nen				_				E. NOI		
	23. PART I. Enter the diseases, or on the enterthallure.	List only one cau	se on each lin	eeth. Do e.	not enter	the mo	de or dy	ing, suc	n as care	diac or res	piratory arr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0-3-	Di-	7 .									Onset end Death
	resulting in deeth)		cure Dis										
_ 6		DOE 10	(On AS A CONSE	.WOLINGE C	·).								
ERTIFICATION	Sequentially liat conditions,	DUE TO	(OR AS A CONSE	QUENCE Q	F):								
AT	if any, leading to immediate cause. Enter UNDERLYING												
F	CAUSE (Diseese or injury that initieted evente	DUE TO	(OR AS A CONSE	QUENCE O	F):								
FR	resulting in deeth) LAST	1.											
O	PART II. Other significant condition		do adh had a ad		In the co			- Lance Da	Dest 1			1	1
AL	Acute and Ch						g ceuse	given in	Part I.		ORMED?	1	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
Ö	Treate and the	HOITE A	COIOI I	IIICOX	icac	1011			-	XX VES	2 NO		OF DEATH?
M										/TTT-7	D ONT I		XXYES 2 NO
Z											D ONLY	-7	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:	ACE OF D						
IYS	1XXVES 2 □ NO 27. MANNER OF DEATH	1 Inpatient 2		28b. Til		28c. INJ		esidence		r (Specify)			
ВУ РЬ	1 Natural 5 Pending 2 Accident Investigation	1 Natural 5 Pending (Month, Day, Year) IN] NO	28d. DESCRIBE HOW INJURY OCCURED				
PLETED E						ctory, offic	y, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
MPLE	29a. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 VMAEDICAL EXAMINE		my knowledge, d	leath occur	red at the	time, date	and place	, and due	to the ca	use(a) and n	nenner se stat	ed.	

29c. LICENSE NUMBER

OCME

111 Penn St., Balto., Md.

29d. DATE SIGNED (Month, Day, Year)

21201

2-16-90

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the	det		0
3	2		ä
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TE	B.	afte	28
OR A	DIREC	SUND	tem

Mario F. Golle, Jr., M.D.

1. OECEOENT'S NAME (First, Middle, Last)					OF D			2. DATE OF		MY	YEAT		ME OF DEAT	Н
WILLIAM			TILC					2		6	90		:05	Рм
4. SOCIAL SECURITY NUMBER 2 /2 -48. 0925	5. SEX	6. AGE (In yrs. In	rst birthday) YRS.	IF UNDER		OURS W	HRS.	7. DATE OF I	Z 4	18		ARL	(State or Fo	olan
9a. FACILITY NAME (if not institution, give	street and number)	7			, TOWN OR I		OF DE	ATH		9c. CO	UNTY O	F DEATH		
1839 Lorman Str	eet			E	Baltim	ore								
10a. STATE 10b. COUNT	Υ		10c CIT	r, TOWN	OR LOCATION	V .						10d.	INSIDE CITY	
MARYIADD	1 400		R	alt	imo							1 []	YES 2 [NO
100. STREET AND NUMBER	An Si	60	7		10f. ZI	P CODE	1 ,	7	109. CITIZEN OF WHAT COUNTRY?			COUNTRY?		
1837 LORIN				13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. RACE - /						2./	7 .			
11. MARITAL STATUS 1 Married 1 Married 3 Widowed 4 Divorced 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 MO Specify:								e or No-		neather 1	nericen India			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+) 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the power of the p														
17. FATHER'S NAME (First, Middle, Last)	7.11				10	8. MOTHER	R'S NAM	ME (First, Midd	a, Maider	Sumama)/			
Charles H.	lilgh.	man				EI	ni	nA	Ke	-//	4			
19a. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRES	S (Street and	Number or	Rural R	oute Number,	City or Tox	vn, State	Zip Code	11	100	2223
CORRINE TE.	nder	1 201 01 100	121	//	.61	y Re	17	20	Re	et	04	2/10	Med	
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Rer	moval from Stata	20b. PLACE			ame of cemete	ery, cremeto	ory for		20c. L	CATION -	- City o	r Town, St	11 2	no
	ICENSEE	- I GA	/-/-/		1012	250			00	1111	721	////	11, 11	111
· TIMM	1/2	1 D-Burlel 2 Gremetton 3 Removal from State 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	Jum B									m. / .				
23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,										nun	ity/	54/6	206 CJ.	north
ehock, or heert fellure	complications the	et cousad the d		a	lillian	nC.I	Se	swal	.,.,,	nung piratory	cty/ arrest,	EH 6	Approximaterval B	etween
ehock, or heart fellure IMMEDIATE CAUSE (Fine) disease or condition	complications the	et ceuead the d	ie.	A not ente	/////A//	nC.I	Se	swal	.,.,,	nung	Hy/arrest,	Ep/ 6		etween
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111 Penn Street

32. ARGISTRAR'S SIGNATURE PONDER

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Baltimore, MD 21201

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_	REGIOTRAL			OL.	-1111	IOAI	_ 01			FILE	G. NO.		
	1. DECEDENT'S NAME (First		Town later	Tee					1	2. DATE OF DI	OAY	YEAR	
	4. SOCIAL SECURITY NUM		Tarleton					1		2	17	1990	
	212-26-335		5. SEX 1 🔀 M 2 🗆 F	6. AGE (In yrs. las	YRS.	MONTHS	DAYS	HOURI	MIN.	7. OATE OF BI (Month, Day, 12-26	-1929	a. BIR	ATHPLACE (State or Foreign untry) Md.
	9a. FACILITY NAME (If not it					9b. CIT	Y, TOWN	OR LOCAT	ION OF OE	ATH	9c. (COUNTY OF	
DIRECTOR	742 01d R		ide Rd.				Balt	imor	e		2	Anne	Arundel
EC	10e. STATE	10b. COUNT	Υ		10c. CI1	ry, town	OR LOCA	TION					10d. INSIDE CITY
	Maryland		e Arundel	L	В	alti							1 TES 2 NO
MAI	10e. STREET AND NUMBER						10	f. ZIP COL			10g.		F WHAT COUNTRY?
崱		OTG R	iverside					21	225			U.	S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Div		FORCES? 1	NT EVER IN U.S. AR VES 2 1 N MAR OR DATES		13.	If yes, sp		an, Mexica	ilC ORIGIN? (Sp. n, Puerto Ricen, /:		Bla	MCE — American Indian, ack, Whita, atc.
ED	yalik 15. DE(CEDENT'S EDU	ICATION	T te- pe	CEDENTI	USUAL C	ACCUPATION AND A STREET	ON		405 MINIE	OF BUSINESS		
	(Specify on	ly highest grad	e completed)	(Gi	ive kind of	work done	during m	ost of work	ing	100. KINL	OF BUSINESS	INOUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)		t Su		viso	c	A	mstar		
	17. FATHER'S NAME (First, A Anthony R		Leton Sr.					18. MOT		ME (First, Middle, rgaret	Maiden Suman Brom	ne)	
BE	19a. INFORMANT'S NAME (401	S MAIL (NA	C ADDRES	e (Ctmat	and Alumbi		Route Number, Ch		7 To Cadal	
은	Phyllis J.		eton			ld Ri				nouse Humber, On	ly or lown, State	s, 21p 0000)	
	20a. METHOD OF DISPOSIT		novel from State	20b. PLACE other ple	aca)						20c. LOCATIO	N — City or	Town, Stata
	4 Donation 5 Othe			Meado	wric	lge M	eme	cial	Park		Balti	more	Maryland
	21. SIGNATURE OF FUNER			90	-	22			ESS OF FA	once Fu	mama l	Hama	TD A
	> yeros	ne /	Frame	unus	kr								Md. 21225
	23. PART I. Enter the c					not ente							Approximate
NOI	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condi	nal →	b. R	OF AS A CONSE	Lel OUENCE O	DI	Jen		arle	ne			Interval Between Onset and Death
CERTIFICATION	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj. that Initiated events reaulting in death) LAS	ring ury	d. DUE TO	O (OR AS A CONSE	DUENCE C	OF):							
MEDICAL	PART II. Other aignific	ant conditio	0	aclyca	reaulting	in the u	inderlylr	ng cause	given in		WAS AN AUTOI PERFORMEO? YES 2 (No		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:			-				-						
ᅙ	25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	HOSPITAL:	Destitues 1		ОТНЕ		LACE OF	DEATH (Ch	eck only one)			
YS	1 WES 2 NO			☐ ER/Outpatient 3	_		rsing Hor	- 1	Pesidence	6 Other (Spe			
ВУ РН		Pending Investigation	28e DATE Of (Month, i	F INJURY Day, Year)	26b. TH	ME OF IJURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRIB	E HOW INJURY	OCCUREO	
	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE (OF INJURY — At he , atc. (Specify)	ome, farm,	street, fa	ctory, offi	ca		28f. LOCATION City or Tox		imber or Run	ral Route Number,
	29a. CERTIFIER	TIFYINO PHYS	SICIAN: To the beat o	f mv knowledge, de	ath occur	red at the	time, dat	a and plac	te, and due	to the causa(s)	and manner as	a stated.	
COMPL	anal any												se(s) and manner as stated.
BE	290. SIGNATURE-AND TITL	E OF CERTIFIE	10	OD,	Lu	حر	M	29c. Li	CENSE NUI	MBER	29d.	DATE SIGN	130190
2	30. NAME AND AGORESS O			0	M 27) (Typ	e, Print)	,			3 1		6-1	11/10
	Mussell	R, De											
	31. DATE FILEO (Month, Day		32. REGISTR	AR'S SIGNATURE				170					
	FEB 20 19	98 4	V. No. M. di Anni										DHMH- 4/A

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				YGIENE EG. NO.	
1. DECEDENT'S NAME (First-Migdle, Last)					2. DATE OF D		3. TIME OF DEATH
HELEN TREVI	LLIAN					ARY17,1990	12:55 A. M
4. SOCIAL SECURITY NUMBER 215-24-4039	5. SEX 6. AGE (III		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI	T, 1912	BIRTHPLACE (State or Foreign Country) Maryland
9e. FACILITY NAME (If not institution, give a	treet and number)	91	CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	Y OF DEATH
MARYLAND GENER				MORE CITY	7		
Maryland 106. COUNTY			TIMORE	, MARYLA	AND		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1502 Jackson	St.		10	1. ZIP CODE 2123	0	10g. CITIZE	USA
1 Never Merried 2 Merried 3 Widowed 4 🛱 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2/E-1NO	If yes, sp	CENDENT OF HISPA Pecify Cuben, Mexico NO Specif	in, Puerto Ricen,		Bleck, White, etc. Specify: White
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondery (0-12) OTN • GRADE -	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use no General	done during metired.)	ost of working		or Business/INDUS	
17. FATHER'S NAME (First, Middle, Last) Henry	- Ellin	ghaus		18. MOTHER'S N	ME (First, Middle erine	, Maiden Surneme)	Schaum
190. INFORMANT'S NAME (Type/Print) Florence R.Blo	ttenberger	196. MAILING AD	DRESS (Street Jac)	end Number or Rural	Balto	.Md. 212	30
20sr METHOD OF DISPOSITION 1 Burlel 2 Cramation 3 Rem 4 Donetion 8 Other (Specify)	ovat from State	PLACE OF DISPOSITI		metery, cremetory or		20c. LOCATION — CR	y or Town, State
21. SIGNATURE OF EUNERAL SERVICE LIC	120	2,7 01000		ND ADDRESS OF FA	ICILITY BE	1 to Md.	21230
Thane	Somage				neral	Home,130	D E.Fort Ave
23. PART I. Enter the disease, or ahock, or heart failure. IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e. DYSRHYTHN DUE TO (OR AS A SEPSIS DUE TO (OR AS A	ch line.			CELLUL'		at, Approximate interval Between Onset and Death
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
PART II. Other algnificant condition	a contributing to death bu	ut not resulting in	the underlyir	ng cause given in		WAS AN AUTOPSY PERFORMED?] YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (C	heck only one)		
1 VES 2 NO	1 Inpetient 2 ER/Outpe	ntient 3 DOA 4	☐ Nursing Hor	me 5 - Residence			
1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y W	JURY AT ORK? YES 2 NO	2ad. DESCRIE	E HOW INJURY OCCU	RED
3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, atra	et, factory, offi	CO	28f. LOCATION	N (Street and Number or vn, State)	Rural Route Number,
onel	CIAN: To the best of my knowlers: On the best of examination						i. ceuse(s) end manner es stated.
296. SIGNATURE AND TITLE OF CERTIFIED	Willis	an in	D	29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH		c/o MARY		ENERAL HO	SPITAL		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA						
FFB 20 1990 4	lie Savidron-Rand	Lee					

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1. DECEDENT'S NAME (First, Middle, Last)

GEORGE JOSEPH THOMAS

5. SEX

IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (In vrs. lest birthday)

2. DATE OF DEATH

FEBRUARY 18 1990

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

		DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for we have been signed by the funeral Hunjan prior in furial promition or removal
1	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or this second of the company of the c	*
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DING	After
/ISI	ATTEN	CTOR:
5	DR	DIRE

4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH DAYS HOURS 73 1 X M 2 F YRS. MARCH 13,1916 MARYLAND 213-09-5877 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1501 OAKRIDGE ROAD **BALTIMORE** 10a. STATE tob. COUNTY toc, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE teg. CITIZEN OF WHAT COUNTRY? 1501 OAKRIDGE ROAD, BALTO, MD. 21218 21218 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? YVY YES 2 NO IF YES, GIVE WAN OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)
t YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done ille. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) MAINTENANCE SUPERVISOR CITY OF BALTIMORE NA NA 17. FATHER'S NAME (First, Middle, Last) ta. MOTHER'S NAME (First, Middle, Maiden Surname) ANTHONY THOMAS be notified at MARGARET THOMAS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MADELINE THOMAS 1501 OAKRIDGE ROAD, BALTIMORE, MD. 21218 20a. METHOD OF DISPOSITION t X Burial 2 Comment 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must Burial 2 Cremation 3 Removal from State SACRED HEART OF JESUS BALTIMORE Donation 5 - Other (Specify) _ examiner 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME INC 21. SIGNATURE OF FUND HALL SERVICE LICENSEE 3331 Brehms Lane Baltimore, Maryland 21213 medical 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition men resulting in death) or other traumatic event, DUE TO (OH AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, PART II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Shows 1 YES 2 NO 23 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Item HOSPITAL OTHER 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this t Natural 5 Pending 1 YES 2 NO BY FUNERAL DIRECTOR: After within 72 hours after death 2 Accident 28a. PLACE OF INJURY — At homa, ferm, street, factory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be COMPLETED 28 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERAL De filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER BE 出土 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1665 MERRI ZULLO 3t. DATE-FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Varidon Fondall 1000 DHMH-16 Rev 1/89

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x, neurs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for me as filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

		OLITTII	ICATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O		YEAR	3. TIME OF DEATH
Jose	1	C.	Thomas		2-:	11-90		6:15AM
	6. SEX 6.	AGE (In yrs. last birthday) 52 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, 11	PF BIRTH Day, Year) /15/37	8. BIRT Coun	HPLACE (State or Foreign try) VA
90. FACILITY NAME (If not institution, give street 1328 S. Hanover	st and number) St.			more Cit		9c. (COUNTY OF I	DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY
MD		BA	ALTIMORE					1 X YES 2 NO
1328 S. HANOVER STREET 101. ZIP CODE 21230						10g.	CITIZEN OF	USA
11. MARITAL STATUS 1\(\) Never Merried 2 \(\) Merried 3 \(\) Widowed 4 \(\) Divorced	2. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	Il yes, sp	ENDENT OF HISPAN pelfy Cuban, Mexica 2 [V NO Specify	n, Puerto Ri		- 14. RAC Blee Spec	E — American Indian, ck, White, etc.
15. DECEDENT'S EDUCAI (Specify only highest grade co Elementary/Secondary (0-12) 12th	FION mpleted) College (1-4 or 5+)	(Give kind of s	WOUND OCCUPATION Work done during mose retired.) MPLOYED		18b.	KIND OF BUSINESS		NA
17. FATHER'S NAME (First, Middle, Last) SANTEE THOMAS,	CD					iddle, Malden Sumer	ne)	
19a. INFORMANT'S NAME (Type/Print)	J/ .	19b. MAILING	ADDRESS (Street a	MILMA nd Number or Rural		RATT or, City or Town, State	e, Zip Code)	
SANTEE THOMAS, JR	•			'EMPORIA	VA			
20a. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	ANTIOCH BA	SITION (Name of cer	netery, crematory or CH CFM		FMPOR	IA, V	
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	7411110011 07		D ADDRESS OF FA	CILITY	LITTON	1/19 4	7.
+ Glades	17000	.)	WM (. MARCH	F/H	1101 F	NORTH	AVENUE
resulting in death) a. Sequentielly list conditione, if erry, leeding to immediata		R AS A CONSEQUENCE O						
couse. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events recuiting in death) LAST	DUE TO (OF	R AS A CONSEQUENCE O	F):					
PART II. Other significent conditions			in the underlyin	cause given in	Part I.	24a. WAS AN AUTO	PSY 24	
Acute and chroni	ic alcoho	lism			_	PERFORMED?		b. WERE AUTOPSY FINDIN AVAILABLE PRIDE TO COMPLETION DF CAUS OF DEATH?
Acute and chroni	ic alcoho	lism					0	AVAILABLE PRIDR TO COMPLETION DF CAUS
25. WAS CASE REFERRED TO MEDICAL		lism		ACE OF DEATH (Ch	_	XX YES 2 🗆 N HEAD ONI	0	AVAILABLE PRIDE TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	lism	OTHER:		neck only one	XX YES 2 NH HEAD ONI	0	AVAILABLE PRIDE TO COMPLETION DF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXXXES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	R/Outpetlent 3 □ DOA	OTHER: 4 Nursing Hon IE OF 28c, IN.	.ACE OF DEATH (C/	8 Other	XX YES 2 NH HEAD ONI	o Y	AVAILABLE PRIDE TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXXXXES 2 \(\text{NO} \) NO 27. MANNER OF DEATH	HOSPITAL: Inpetiant 2 = E 28a. DATE OF IN- 2 (Manth. Day 2 - 1 - 9	R/Outpetfert 3 DOA JURY 28b. Till IN. OFOUND	OTHER: 4 Nursing Hon ME OF 28c, IN. WC M 1	ACE OF DEATH (CA) SX WROSINGER SX WROSINGER NO SX NO	8 Other 28d. DES	HEAD ONI (Specify) CRIBE HOW INJURY	Y OCCURED	AVAILABLE PRIDE TO COMPLETION DF CAUS OF DEATH? XXIX YES 2 □ NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXXXES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	HOSPITAL: Inpatiant 2 E 28a. DATE OF IN 2 (Mantit). Day 28a. PLACE OF II building, atc	R/Outpatient 3 DOA JURY 28b. Till IN. Variable 18b. L (Specify) I knowledge, dasth occur	OTHER: 4 Nursing Hon HE OF 28c. IN. JURY M 1 street, factory, offic UNKNO	ACE OF DEATH (CA	B Other 28d. DES UNK 28f. LOCA Chy	HEAD ONI (Specify) CRIBE HOW INJURY NOWN ATION (Street and No. NEXTON (Street and No. NEXTON (Street and No.)	o OCCURED	AVAILABLE PRIDR TO COMPLETION DF CAUS OF DEATH? XXIX YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXXXES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: Inpatiant 2 E 28a. DATE OF IN 2 (Mantit). Day 28a. PLACE OF II building, atc	R/Outpetient 3 DOA JURY 28b. Till NURY At home, farm, (Specify) knowledge, daeth occur ination and/or investigation	OTHER: 4 Nursing Hon HE OF 28c. IN. JURY M 1 street, factory, offic UNKNO	ACE OF DEATH (CA	8 Other 28d. DES: UNK 28f. LOCA Cing 6	HEAD ONI (Specify) CRIBE HOW INJURY NOWN VION (Street and No. NEXTON (Street and No. NEX	o OCCURED	AVAILABLE PRIDR TO COMPLETION DF CAUS OF DEATH? XXIX YES 2 NO

BALTIMORE, MARYLAND 21203-346 22 mours after death. Page 6 may be retained by the hospital or attended to the funeral director, page 5 should be detached for use as the fine form. Pages 1, 2, 3 sh look or removal. The medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	THE JOHNS HO RESIDENCE OF DECEDI 10a. STATE 10b MD 10b. STREET AND NUMBER 237 E. LAFA' 11. MARITAL STATUS 1 Never Married 2 Marri 3 Wildowed 4 Divorced (Specity only high Elementary/Secondary (0-12) 10th 17. FATHER'S NAME (First, Middle, JAMES THOI 19a. INFORMANT'S NAME (Type/F BETT THOMP 20a, METNOD OF DISPOSITION 1 METNOD OF DISPOSITION 3 4 Donation S Other (Specity only night) 21. SIGNATURE OF FUNERAL SE
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to bunial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be a	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or haart IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant c LYPOTH 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural S Pand 1 Natural S Pand 29a. CERTIFIER (Check only one) 2 MEDICAL 29b. SIGNATURE AND TITLE OF 30. NAME AND AGORESS OF PE

FOR 1 - STATE - REGISTRAR	STATE OF MA	RYLAND / DEPAR	RTMENT OF I	THE OS IEALTH AND I	53 71 OAPSON. /07/37 MENTAL HYGIEN		JBN 90 04159
1. DECEOENT'S NAME (First, Middle, Last)		CENTIL	ICAIL OI	DEATH	2. DATE OF DEATN		3. TIME OF DEATH
JAME	S	THOMPSON	JR.		FEBRUARY		90 1:06p M
4. SOCIAL SECURITY NUMBER 213-62-7921	1 (X) M 2 [] F	AGE (In yrs. lest birthday) 52 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/09/37		BIRTNPLACE (State or Foreign Country)
99. FACILITY NAME (If not institution, give THE JOHNS HOPKI RESIDENCE OF DECEDENT		L		ORE CITY	ATH	9c. COUNTY BALT	IMORE
MD 106. COUNT	TY .		LTIMORE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 237 E. LAFAYETT	TE AVENUE		10	21202		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yea, s	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)		. RACE — American Indian, Black, Whita, atc. Specify:
3 Widowed 4 Divorced 15. DECEDENT'S EDI	ICATION	AND DECEDENTIA	HOUSE DOOUBLE	, , , , , , , , , , , , , , , , , , ,	16b. KIND OF BU		BLACK
(Specify only highest grad		(Give kind of life. Do NOT u	work done during me retired.)	ost of working		RUCTION	
17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden	1001201	
JAMES THOMPS	ON, SR.			LOLA			
19a. INFORMANT'S NAME (Type/Print) BETTY THOMPSON		237 E.			Route Number, City or Tow BE/BALTIMOR		21202
20a METNOD OF DISPOSITION 1 Surial 2 Cremation 3 Rer	neural from State	20b. PLACE OF OISPO					y or Town, State
4 Donation S Other (Specify)		MOUNT AUE				TIMORE	E, MD
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME A	ND ADDRESS OF FA	CILITY		
23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. PAN DUE TO (O DUE TO (O		not antar tha mo		F/H 1101 h as cardiac or reap		
PART II. Other significant condition	na contributing to de	sath but not reaulting	in the underlying	g cause given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
HYPOTHERS,	MILA		20.5	LACE OF OEATN (Ch	1 TYES	2 🗆 NO	COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpetlant 3 DOA	OTHER:	ne 5 🗆 Raaldence			
27. MANNER OF DEATN	26a. DATE OF IN (Month, Day,	JURY 28b. Til	AE OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED
1 Natural S Pending Investigation 3 Suicide 6 Could not be determined	28e PLACE OF I	NJURY At home, farm,	M 1 🗆	YES 2 NO	261. LOCATION (Street City or Town, State		Rural Route Number,
onal		y knowledge, death occur					euse(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	H CV.	OF DEATH (ITEM 27) (TYP)		29c. LICENSE NUI	48ER		IGNED (Month, Day, Year)
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MVISION OF VITAL RECORDS, P.O. BOX 13146,	The	sate ha	state 0
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ō	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Mrs after death. Page 6 may be retained by the hospital or attending physician	NERAL DIRECTOR: After this certificate has b	ithin 72 hours after death with the State Dept. of Health and Mental Hygiene phof to Dufal, cremation, or femoral, , BMTs. It starm 20 is movided, or Hom 72 shows any Institut, or other traumatic event the medital arealises must be motified of once
	OSPL	UNER	thin the

	1. DECEDENT'S NAME (First, Middle, Last) BENTRICE B. THOM!	DSOW		2. DATE OF DEATH DAY	1990	7:25 P
	230-16-3352 10M2XE	75 YRS. MONTHS		7. DATE OF BIRTH (North, Day, Year)	6. BIRTHPL Country)	VA
ECTOR	9a. FACILITY NAME (If not localitation, give street and number) RESIDENCE OF DECEDENT	tol B	alto. Ma	EATH 94	c. COUNTY OF DEA	ТН
DIREC	10e. STATE 10b. COUNTY	10c. CITY, TOWN				Od. INSIDE CITY LIMITS? X YES 2 NO
ERAL	100. STREET AND NUMBER 219 CHERRY HILL ROAD		101. ZIP CODE 21.225	10	USA	
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YEIF YES, GIVE WAR OR	S 2 NO	I. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico 1 YES 2 NO Specific	in, Puerto Rican, atc.)	No- 14. RACE -	- American Indian, White, atc.
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	18a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired CUSTODIA	e during most of working .)	18b. KIND OF BUSINE	SS/INDUSTRY NA	BLACK
COMP	17. FATHER'S NAME (First, Middle, Last)	00310017	16. MOTHER'S NA	ME (First, Middle, Maiden Surr		
TO BE	NEWTON BENNETTE 198. INFORMANT'S NAME (Type/Print) MARY ASKINS		NANI SS (Street and Number or Rural RY HILL ROAD	Route Number, City or Town, St		5
		20b. PLACE OF DISPOSITION (in other place)		29c. LOCAT	ION — City or Town	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2:	WM. C. MARCH	CILITY		VENUE
CERTIFICATION	Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST	A CONSEQUENCE OF): S A CONSEQUENCE OF):	Condisve	- sili-dis		Interval Betw Onset and De
EDICAL	PART II. Other significent conditions contributing to deeth Diality with Dia	but not resulting in the	underlying cause given in	Part I. 24a. WAS AN AUT PERFORME! 1 YES 2	NO D	TERE AUTOPSY FINDIN WAILABLE PRIOR TO OMPLETION OF CAUS IF DEATH?
Σ.						☐ YES 2 ☐ NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	utpatient 3 DOA 4 N				YES 2 NO
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ER/Or 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	utpetient 3 DOA 4 N	ER: uraing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO		RY OCCURED	YES 2 NO
TED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ER/Or 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	utpetient 3 DOA 4 N IV 28b. TIME OF INJURY M	ER: uraing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify)		
ETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ER/Or 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident 3 Suicide 8 Could not be HOSPITAL: 1 Inpetiant 2 ER/Or 28a. DATE OF INJUR (Month, Day, Year (Month, Day, Year 28a. PLACE OF INJUR 28a. PLACE OF INJUR 28a. PLACE OF INJUR building. etc. (S)	utpetient 3 □ DOA □ 4 □ N IN □ 28b. TIME OF INJURY IN □ Al home, farm, street, fit pecify) owledge, death occurred at the	ER: uraling Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, office	28d. DESCRIBE HOW INJU 28d. DESCRIBE HOW INJU 28f. LOCATION (Street and City or Town, State) to the cause(s) and manner	Number or Rural Rou ea stated.	ite Number,
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ER/O 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28a. DATE OF INJURY (Month, Day, Year Month, Day, Year Mon	utpetient 3 □ DOA □ 4 □ N IN □ 28b. TIME OF INJURY IN □ Al home, farm, street, fit pecify) owledge, death occurred at the	ER: uraling Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, office	8 Other (Specify) 28d. DESCRIBE HOW INJU 28f. LOCATION (Street and City or Town, State) to the cause(s) and manner time, data and place, and di	Number or Rural Rou ea stated.	nte <i>Number,</i> and manner se stetad

TO BE COMBLETED BY CINICOAL DIDECT

FOR STATE REGISTRAR

STATE OF	MARYLAND /	DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF	DEAT	H		REG. NO.

1. DECEDENT'S NAME (First, Middle, Lest)	-1			2. DATE	OF DEATH DAY	YEAR	3. TIME OF DEATN
BEATRICE UNO				2	14	90	7:55 A
4. SQCIAL SECURITY NUMBER 212-46-2915 5. SEX	6. AGE (In yrs. last bi	YRS. IF UNDER 1	YEAR IF UNDER 24 H DAYS HOURS MI	7. DATE (Month	OF BIRTH C. 22, 190	a. Birti Count NE	NPLACE (State or Foreign TV) W YORK
9a. FACILITY NAME (If not Institution, give street and number) SINAI HOSPITAL		96. CITY, T BALT	OWN OF LOCATION OF MORE	FOEATH	90	c. COUNTY OF D	DEATH
10a. STATE MARYLAND BALTIMORE	10c. CITY, TOWN OR BALTIMORI	CITY, TOWN OR LOCATION LTIMORE			10d. II		
7 SLADE AVE., APT. 419			101. ZIP CODE 21208			USA	WNAT COUNTRY?
1 Never Merried 2 Married FORCES?	ENT EVER IN U.S. NOME 1 YES 2 NO E WAR OR DATES	If y	S DECENDENT OF NI res, specify Cuban, M YES 2/1 NO S	xican, Puerto F		Blec	E — American Indian, k, Whita, atc. ity: WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	(Give	DENT'S USUAL OCC kind of work done du o NOT use retired.) USEWIFE	UPATION ing most of working		KIND OF BUSINE	SS/INDUSTRY	
17. FATNER'S NAME (First, Middle, Lest) JACOB COHEN				B NAME (First, A E UNKNO	Middle, Malden Surn DWN	name)	
MRS. FRANCINE U. MANEKIN	19b. I 33	MAILING ADDRESS (Street and Number or F		Der, City or Town, St	21215	
20a METNOD OF DISPOSITION 1 A Durial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF BALLTI	DISPOSITION (Name MORE HEBI	of cemetery, cremator	or		CERSTOW	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	f. =		LEVINSU				MD 21215
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	TO (OR AS A CONSEQUENTO (OR AS A CONSEQUENTO)	ENCE OF):					
PART II. Other significent conditions contributing	to death but not res	sulting In the und	arlying cause give	n in Part i.	24a. WAS AN AUT PERFORMED 1 YES 2	07/	D. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	2 ER/Outpatient 3	DOA 4 Nursic	26. PLACE OF DEATH				
	OF INJURY , Day, Year)	28b. TIME OF 2 INJURY M	8c. INJURY AT WORK? 1 YES 2 No		SCRIBE HOW INJU	RY OCCURED	
3 Suicide 28e. PLAC	E OF INJURY — At home ng, etc. (Specify)	e, farm, street, factor	y, office	281. LOC City	ATION (Street and or Town, State)	Number or Rural	Floute Number,
29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the beat of MEDICAL EXAMINER: On the beats of the b							(a) and manner as stated.
	n pay 1	A	29c. LICENSI	NUMBER	29	DATE SIGNE	O (Month, Day, Year)
JULICANING M. POSTER S		27) (Type, Print)	1 Baltin	IUre			
FEB 20 1990 Julia Sunda	TRAR'S SIGNATURE						

BELL DE BONDE DE B

BALTIMORE, MARYLAND 2120

IMPORTANT: it item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - REGISTRAR		CERTIFIC	ATE OF DE	EATH	REG. NO	O.		
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF OEATH MONTH	DAY YEAR	3. TIME OF OEATH	
	FDNA	MAY	Van No	strand		Feb	15 00		
	4. SOCIAL SECURITY NUMBER 214 22 5689			UNDER 1 YEAR IF I	INDER 24 HRS. IRS MIN.	7. OATE OF BIRTH (Month, Day, Year) Oct 21,	Co	orthplace (State or Foreign Unity) Maryland	
TO BE COMPLETED BY FUNERAL DIRECTOR	10e. STREET AND NUMBER 228 Stonecrof 11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 15. OECEOENT'S EDU (Specify only highest grade) Elementery/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Lest) Ben jamin 19e. Informant's NAME (Type/Print) Dorothea A. M 20a, METHOD OF OISPOSITION 1 Vauriel 2 Cremation 3 Rent 4 Oenetion 5 Other (Specify)	imore Cit t Rd. Apt 12. WAS DECEDENT E FORCES? 1 THE YES, GIVE WAR CATION Completed) College (1-4 or 8+) 1 Go ichael	TOC. CITY, TO TOC. CITY, T	13. WAS DECENDED IN 1 WAS DECENDED IN 1 WES 2 COMMAND IN 1 WES 2 COMMAND IN 1 WES 2 COMMAND IN 1 WEST WAS A	re cooe 1229 ent of Hispan Cuben, Maxican Woo Specify working MOTHER'S NAM Anna umber or Rural R #10 crematory or meter	IC ORIGIN? (Specify Y., Puerto Rican, etc.) 16b. KIND OF B OWN ME (First, Middle, Meide a. Route Number, City or 7c	9c. COUNTY OF A.A. 10g. CITIZEN O U.S. 10g. CITIZEN O U.S. 14. R. 18. R. 19. See or No.— 14. R. 14. R. 15. See or No.— 14. R. 16. R. 17. See or No.— 14. R. 18. R. 19. See or No.— 14. R.	TOEATH COUNTY 10d. INSIDE CITY LIMITS? XYES 2 NO F WHAT COUNTRY? S. A. ACE — American Indian, ack, White, etc. Decity: White	
	21. SIGNATURE OF FUNERAL SERVICE LI	5/Des	al		ton Fi	unerál F , Maryla		061	
CERTIFICATION	23. PART I. Enter the diseases, or ehock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	a. Due To (or		My a can Ca	ste	s to Cal	piratory arrest,	Approximate Interval Between Oneet and Death	
MEDICAL	PART II. Other significant condition	ns contributing to de	ath but not resulting in	the underlying ca	use given in		ORMEO?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? BY AND THE CONTROL OF DEATH (Check only one) COTHER:								
ВУ	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not be detarmined	28a. DATE OF IN. (Month, Day,	JURY 28b. TIME (INJURY — At home, farm, stru	WORK?	AT	8 Other (Specify) 28d. DESCRIBE HOV 28f. LOCATION (Stree City or Town, Ste	ot and Number or Ru		
D BE COMPLETED	290. CERTIFIER (Check only 1 CERTIFYING PHYS	ER: On the basis of exam	knowledge, death occurred instion end/or investigation,	in my opinion, death		time, data and place,	and due to the cau	se(a) and manner as stated. NEO (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON W		PENTINGULA	int)	ARMO	ID, MARYI	AND 210	2	
	FEB 20 1990		lson-Randall						

TO BE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

		FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Last) CAPTALA D. VENTURE 2. DATE OF DEATH MONTH DAY VEAR OZ 16 S. SEX 6. AGE (in yrs. last birthdsy) F UNDER 1 YEAR F UNDER 24 HRS. (Month, Day, Year) (Month, Day, Year) Country (Month, Day, Year) Country Coun
TOR		98. FACILITY NAME (II not institution, give street and number) 1. Duty Medical Center Baltimore PRESIDENCE OF DECEDENT
AL DIRECTOR		106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. INSIDE CITY LIMITS? 1 YES 2 NO 106. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?
BY FUNERAL		11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc.) 14. RACE — American Indian, Black, White, atc. 1 YES 2 NO Specify: 1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify: 1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify: 1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify: 1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify: 1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify: 1 YES, GIVE WAR OR DATES 1 YES,
PLETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5 +) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY
111		17. FATHER'S NAME (First, Middle, Lest) Clehert I. Venture Anna Watson
TO BE		190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 32/7 Sequo': A Ave Balto, 12d 2/2/5
HUST		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Complete of Commetery, crematory or other place) Commetery, crematory or other places Commetery, crematory or other (Specify) Commetery, crematory or other (Specify)
examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4300 Wabash Dre 21215
Vent, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arreat, ehock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition reculting in death) DUE TO (OR AS A CONSEQUENCE OF):
Or other traumatic e		Sequentially liet conditions, If any, leading to immediate ceuse. Enter UNDERLYING b. PKI WARR PICKING DUE TO (OR AS A CONSEQUENCE OF): SEPS 1S
		CAUSE (Diseese or injury that initieted events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): d.
red, or Item 23 shows any Injury PHYSICIAN: MEDICAL C		PART II. Other eignificent conditione contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YER 2 NO 24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YER 2 NO
ySICIAN		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO
BY PHY		27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY 28b. TIME OF INJURY WORK? 1 YER 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED
Z8 IS	- 11	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
RTANT: If Item 28 is E COMPLETED		29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
MPORTAN BE C		29c. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

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. DECEDENT'S NAME (First,	Middle, Last)			(g)				2. DATE O	F DEATH DAY		YEAR	3. TIME OF DEA	TH
		MARY S	POTSWO	OOD W	ARREN			FEB	13	. 79		10:15	D M
217-12-849		5. SEX	8. AGE (In yrs. 83	last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7 DATE O	F BIRTH Day, Year 3		s. BIRTHPLACE (State or Foreign Country) VIRGINIA		
9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN	OR LOCATIO	ON OF DE				ITY OF DE	ATH	_
MANOR CAF	RE RII	ХТОИ			D	IIVTO	NT			ו ת כו	TOTA		
RESIDENCE OF DEC	EDENT				RUXTON				l BALTI				
Oa. STATE	10b. COUNTY		10c. CITY, TOWN OR LOCATION									tod. INSIDE CIT	Y
MD.	BAL	TIMORE		RI	JXTON							1 YES 2	NO
De. STREET AND NUMBER					11	DI. ZIP CODE				10g. CITIZ	ZEN OF W	HAT COUNTRY?	
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Never Merried 2 1	Married	12. WAS DECEDEN	YES 2	NO	If yes,	pecify Cubar	n, Mexica	n, Puerto Ri-	(Specify Yea o can, atc.)	r No-	Black,	- American Ind White, atc.	ian,
Widowed 4 Divor	ced	IF YES, GIVE V	WAR OR DATES		1 L YE	S ZVII NO	Specify	γ:			Specifi	WHI	PE
15. DECE	EDENT'S EDU	CATION	16a.		ISUAL OCCUPAT			16b. I	KIND OF BUSIN	NESS/IND	USTRY	77111	4.44
Elementary/Secondary (0-	1	College (1-4 or 5	+)	life. Do NOT use	ork done during m retired.)	lost or worldn	g						
12				SOC	IAL DI	RECT	OR		HOTE	L			
7. FATHER'S NAME (First, Mic	ddle, Last)	CEODCE	F-7.3 D.D.T	737		18. MOTH	HER'S NA	ME (First, Mi	iddle, Maiden St	ırnsme)		-	
		GEORGE	WARRI	ZIV		ANN	AI	EE A	LFRIE	IND			
9a. INFORMANT'S NAME (Ty	rpe/Print)			19b. MAILING	ADDRESS (Street	and Number	or Rural I	Route Numbe	er, City or Town,	State, Zip	Code)		
MANOR C		RUXTON)1 N.			ST.	_			21204	
0a. METROD OF DISPOSITION OF Burlal Cremation		oval from State	20b. PLAC other		REEN M			л шор г	20c. LOCA			21202	
Donation 5 C Other				01		AND ADDRES			I DA	טוט.	· LID ·	21202	
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HICOMORPH DIESTER DIESTE

8. BIRTNPLACE (State or Foreign Country)
Maryland

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

216-22-9504

1. DECEMENT'S NAME (First, Middle, LastGertrude

5. SEX

1 M 2 F

PERTRUDE

DIRECTOR	RESIDENCE OF	10b. COUN	TY		10c. CITY, TOWN	OR LOCATION				10d.	INSIDE CITY
8	Md.		Baltimore		Luth	nerville				1 [YES 2 N
. 1	10e. STREET AND NU					10f. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
H.	1500 F	Pickett	Road		21093			U.S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		YES 2 K NO	N U.S. ARMED 13. WAS DECENDENT OF HISPANIC 2 🖺 NO If yes, specify Cuban, Mexican, I			IIC ORIGIN? (Specify Yes or No— 14. RACE — Ame n, Puerto Rican, etc.)			American India lite, atc.	
COMPLETED		5. DECEDENT'S ED city only highest grad dary (0-12)		(Give life. D	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY						
MP				Home	e Maker						
8	17. FATHER'S NAME (Middle, Melden S		24 0 0 24	
BE		Hassling	er				nerine		helsbe		
2	19e, INFORMANT'S N					SS (Street and Number or Ru					
-	Dorothy	Pierc	e			ckett Road					_
	20e. METHOD OF DIS 1 Suriei 2 Cr		moval from Stata	20b. PLACE Of other place	F DISPOSITION (1	Name of cemetery, crematory	or		ATION City	-	
	4 🗓 Donation 5 🗆	Other (Specify)		0ak	Lawn Co				Baltim	ore,	Md.
	21. SIGNATURE OF FI	UNERAL SERVICE	LICENSEE	,	22	2. NAME AND ADDRESS OF	FACILITY	6	415 Be	lair	Road
	May	Eleen /	. hurst	Lan.	T.	ohn C. Mille	ar Tr		alto.		
	IMMEDIATE CAUS	SE (Final	List only one cause		stim	al Be	ied	ing			
MEDICAL CERTIFICATION	Sequentially list of if sny, leading to cause. Enter UND CAUSE (Disease that initiated ever resulting in death	conditions, immediate ERLYING or injury nta	b. DUE TO (OF DUE TO (OF d.	R AS A CONSEQUE	JENCE OF): JENCE OF):	underlying cause given		24a. WAS AN / PERFORM	WED?	AVA COI DF	Interval Be Onset and PRE AUTOPSY FII ILABLE PRIOR IMPLETION DF C DEATH? YES 2
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

2. DATE OF DEATH MONTH

7. DATE OF BIRTN (Month, Day, Year)

189

Walker ALKER

6. AGE (In yrs. last

AM

DHMH-18 Rev 1/89

REG NO

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(C	Ã)
BALTIMORE, MARYLAND 21203-3146	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burillary manner. Phours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
3146,	cuted within 24 h	d completely filled unial, cremation,
BOX 1	ificate be exe	physician ar
P.O.	ath cert	ttending tal Hygik
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the de	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hours after death with the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, or removal.
TAL	t: The law	cate has
DF VI	HYSICIAN	his certifi
VISION	R ATTENDING PI	RECTOR: After that are after death w
0	0	D Oc

be notified at once.

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medical

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event, 1

Iraumatic

or other

shows any injury.

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Item

marked, or

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Item

FUNERAL D TO THE HOSPITAL
TO THE FUNERAL I
Be filed within 72 h
IMPORTANT: If II

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 02 4 SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign (Month, Day, Year) 18 215-05-94 DAYS HOURS 1 M 2 F 9e. FACILITY NAME (If not institution, give street and no 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SAIN Jase OWSON DIRECTOR TOWISON RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND 1325 HOWARD ROAD 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1325 HOWARD ROAD 21061 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indien, Bleck, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 YES 2/ It yee, specify Cuben, Mexicen, Puerio Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY 3 Wildowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comple Elementery/Secondery (0-12) College (1-4 or 5+) 8 YEARS HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) SCHMEISSER BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Boute Number City or Town, State, Zip Code) 2 RONALD WIEDENHOEFT 1325 HOWARD ROAD MARYLAND 21061 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State 1 X Buriel 2 Cremation 3 Removal from State CROWNSVILLE VET. CEM ANNE ARUNDAL CO MD. HATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY KACZOROWSKI FUNERAL HOME The BALL 2525 FLEET ST. BALTO. MD 23 PART I. Enter the diseases, or complicatione that caused the death. Do not enter tha mode of dying, such as cardiac or reapiratory errest, shock, or heart fellure. Liet only one cause on each line. Approximeta Interval Between Onset and Death IMMEDIATE CAUSE (Final diseese or condition Stage Chion resulting in deeth) OUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO JOR AS A CONSEQUENCE OF: If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evante DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying ceues given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 THE DF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 ☐ YES 2 ☐ NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Reeldence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26e, DATE OF INJURY 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident
3 Suicide Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Homicide determined 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(a) and menner ee stated. COMPL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Reatin Beating & Dingon M. C.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Prin 2 SEATRI 31. DATE FILED (Month, Day, Year) FEB 20 1990 Julia Law door - 100

1:50A

DHMH-18 Rev 1/89

90

ital or attending physi	d for use as the burial	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physis	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If item 28 is marked or liem 23 shows any lainty or other trainmatic event, the medical available notified at once
DR AT	DIREC	0
TAL	JAL D	11
TO THE HOSPI	TO THE FUNER be filed within	IMPORTANT

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)
Virginia M. Wise

1 -

	4. SOCIAL SECURITY NUMBER 214-01-2621	5. SEX	6. AGE (In yrs. las	st birthday) YRS.	IF UNDER 1 YEA	_	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	3	8. BIRTHPLACE (State or Foreign Maryland	
OR	9a. FACILITY NAME (If not institution, give s St. Joseph's Nu		me		9ь. city, тоу Cator		PR LOCATION OF DE		9c. COU	NTY OF DEATH	
DIRECTOR	10a. STATE 10b. COUNT	timore		10c. CITY	TAY BU	eu.	ION 5			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER AVEnue 101. ZIP 201227								10g. 67E	ZEN OF WHAT COUNTRY?	
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. AI 1 YES 2 WAR OR DATES		If yes	в, вре		IIC ORIGIN? (Specify Yon, Puerto Rican, atc.)	na or No—	14. RACE — American Indian, Black, Whita, atc.	
APLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 YRS •	CATION completed) College (1-4 or 5	+)		_			own ho		DUSTRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Charles Masenhe	imer				-01		ME (First, Middle, Maide ie Martin	n Sumame)		
TO B	190. INFORMANT'S NAME (Type/Print) Ronald K. Wise							Route Number, City or To VCardiff k			
	20a. METHOD OF DISPOSITION 1 Street Surface S	noval from State	20b. PLACE	of dispos	ark Cer	ne	_		Balti	city or Town, Stata imore, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY AMDROSE Funeral Home 1328 Sulphur Spring Road, Arbutus, Md										
CERTIFICATION	ehock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	O (OR AS A CONSE	QUENCE OF	my	to f	pathy Cathi	ilare	Par F	Interval Between Onaet and Death 3 what Descare and Death Descare and Descare	
MEDICAL	PART II. Other eignificent condition	Rensons	1 9 .		in the under	1yin:	g cause given in	Pert I. 24a. WAS A PERFC	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2	HOSPITAL:	☐ ER/Outpatient	3 [] DOA	OTHER:		LACE OF DEATH (Ch	8 Other (Specify)			
TED BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE O		28b. TIM	E OF 28c	- INJ	URY AT DRK? YES 2 NO	2ad. DESCRIBE HOW	INJURY OC	CURED	
TED B	3 Suicide 8 Could not ba 4 Homicide datermined	28e. PLACE building	OF INJURY — At h j, etc. (Specify)	ome, farm,	street, factory,	offic	•	28f. LOCATION (Stree City or Town, State		or Rural Route Number,	
COMPLET	ana)							to the cause(a) and m		nted. the couse(s) and manner as stated.	
TO BE COI	29b. SIGNATURE AND TITLE OF CERTIFIE	McKa	2 PM	9-			29c. LICENSE NUI	MBER 6893	29d. DAT	TE SIGNED (Month, Day, Year) Tel-16.1990 -	
-	30. HAME AND ADDRESS OF PERSON W	SON N	OSE OF DEATH (IT	EM 27) (Type	Print)	4	13 Com	nowweat	tha	Tel 16.1990. Tel 18.1990. Tel Ballo Mol2/2	
	31. OATE FILED (MONTH), Day, Year) 0 19	90 Juli	DEVISEDA-								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

CHARLES WU, M.D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7845 OAKWOOD ROAD #204

2. REGISTBAR'S SIGNATURE

To Do	THE SALE		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be interest by the hourstrand of the control of th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	-	D	-

REGISTRAR	Clone Adiobeta tarak			CENTIF	ICATE C	OF DEATH	2. DATE OF D	EG. NO.			3. TIME OF DEATH	
	TISI, MITOGRA, LESIJ		1,177	TOMANI			MONTN	DA		YEAR		
ALICE	(nmr	7		EISMAN	T		FEB.	18	1990	<u> </u>	0050 AM	
. SOCIAL SECURITY N		5. SEX	6. AGE (In)	yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BI (Month, Day,	(Year)	6	Country	PLACE (State or Foreig	
062-26-740)6	1 M 2 F	83	YRS.			AUG. 3	1 1	906	NE	W YORK	
a. FACILITY NAME (If IN	ot institution, give	street and number)			96. CITY, TOV	WN OR LOCATION OF D	DEATH	9c. COUNT	Y OF DE	EATH		
NORTH ARU		SPITAL			GLEN	BURNIE	A.A.			. CO		
0e. STATE	10b. COUNT				Y, TOWN OR LO						10d. INSIDE CITY LIMITS?	
MARYLAND		ARUNDEL		GI	LEN_BUR	NIE 101, ZIP CODE			10- OITITE	N 05 W	1 YES 2 NO	
US. STREET AND NUME	SEM					101. ZIP CODE			10g. C1112E	IN OF W	HAT COUNTRY?	
#332 HIG	HLAND D					21061			II.S			
1. MARITAL STATUS Never Married 2 Wildowed 4	-8.5	12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 NO	If yes	BECENDENT OF HISPA B, specify Cuban, Mexic YES 2 X NO Speci	an, Puerto Rican,		or No- 1		- American Indien, White, stc.	
	DECEDENT'S EDI		1	6a. DECEDENT'S	USUAL OCCUP	PATION	16b. KINC	D OF BUS	INESS/INDUS	STRY		
(Specify	only highest grad	e completed) College (1-4 or 5	4)	(Give kind of a life. Do NOT us	work done during se retired.)	g most of working						
6th.	, , (0-12)	NONE.	,	HOMEMA	AIZED		0-					
7. FATHER'S NAME (Firs	t, Middle, Last)	NUIVE.		HUMEMA	AK F.K	18. MOTHER'S N	AME (First, Middle	-	HOME Sumama)			
JACOB 94. INFORMANT'S NAM	NAMM			404 244	2 40000000	REBECC			nknow	_		
SE. INCUMMANT'S NAM	re (rypermnt)			190. MAILING	a alturess (Sin	reet and Number or Rura	r Houte Number, Ci	ny or lown	s, State, Zip C	JOG(9)		
	WEISM	AN (sc	7			ROAD, SEV	7				-	
toe. METHOO OF DISPO			20b. P	PLACE OF DISPO	SITION (Name o	of cemetery, crematory or		20c. L OC	CATION - CI	ty or Tox	wn, Stata	
	etion 3 Ran	noval from State	0	other place)				2001 1101				
Donation 3 0	ther (Specify)			Metro C	remato					E,	MARYLAND	
Donation 4 0 0	ERAL SERVICE L. Heart Service L. Heart Service L. Heart Service L.	CENSEE Hopk	at coused t	Metro C	remato:	ry E AND ADDRESS OF F GLETON FUN	ERAL HO	BAI	TIMOR GLEN	BUR	NIE, MARY	
Donation & 0 Signature of Fund R R R R R R R R R R R R R	ther (Specify) FRAL SERVICE L. Local Control	complications the	at coused to	Metro C	22. NAM SING	ry ELETON FUN mode of dying, su	ERAL HO	BAI	TIMOR GLEN	BUR	NIE, MARY	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or asset.	DIR	hou	iten
PITAL	ERAL	172	T. II
HOS	S	rithi	AN
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포	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for me.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF MAI			NT OF H				GIENE G. NO.	50	04103
	1. DECEDENT'S NAME (First,	1	wood						2. DATE OF DE	ATH SOAY S	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-03-9626		1 🗌 M 2 🔯 🔭	AGE (In yrs. lest bli	YRS. MONT	NOER 1 YEAR THS DAYS	HOURS	MIN.	7. DATE OF BIR (Month, Day 08-30-		Balt	IPLACE (State or Foreign Y) O., MD
TOR	Villa St. N		altim					timor	e City			
DIRECTOR	MD Baltimore City					city, town on Location Saltimore City					10d. INSIDE CITY LIMITS? XXIXES 2 NO	
FUNERAL	820 West 33	Brd Sti	reet				2121			10g. C	U.S.	A.
BY FUR	11. MARITAL STATUS 1 Never Married 2 3 XXVidowed 4 Divo		12. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR	VER IN U.S. ARMEI YES 2 NO OR DATES	D	If yes, sp	ecify Cub		IIC ORIGIN? (Spen, Puerto Rican, e		Black	E — American Indian, k, Whita, atc. My: White
COMPLEIED	15. DEC (Specify only Elementary/Secondary (0 8th Gra		CATION completed) College (1-4 or 5+)	(Give i		AL OCCUPATION done during mo		ing		OF BUSINESS/		
	17. FATHER'S NAME (Flist, M. Thomas Albe	iddle, Last)	ınger		Jerk		18. MOT		ME (First, Middle, Le Ande)			
TO BE	19a. INFORMANT'S NAME (TO Catherine M	ype/Print)		19b. M		ness (Street I		r or Runal I	Fullert	or Town, State,		.236
	20a. METNOD OF DISPOSITI	n 3 🗆 Rame (Specify)		20b. PLACE OF other place)	pisposition odlaw	n Ceme	eter	y		Balti	more,	Maryland
	22. NAME AND ADDRESS OF FACILITY Burgee—Henss Fune: 3631 Falls Road Baltimore, Marylan 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest,											
	shock, or himmediate Cause (Fir disease or condition resulting in deeth)	eart feilure.	List only one cause	on each line.	the	von	19	-			arroot,	Interval Between Onset and Deeth
CERTIFICATION	Sequentielly list condit if any, leeding to imme- causa. Enter UNDERLY! CAUSE (Disease or inju- that initiated evente resulting in death) LAS	diate NG Iry	c	AS A CONSEDUE								
PHTSICIAN: MEDICAL CE	PART II. Other algnifica	nt condition	a contributing to de	ath but not read	uiting in th	a underlyin	g cause	given in		MAS AN AUTOP: PERFORMED? YES 2 TEMP	SY 246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:		OT	HER:			eck only one)			
		Pending Investigation	1 Impetient 2 EF 28a. DATE OF INJ (Month, Day,	JURY 2	BB. TIME OF	28c. IN.	JURY AT ORK? YES 2		6 Other (Spec		OCCURED	
TED BY	3 Suicide 6	Could not be determined	28e. PLACE OF IN- building, atc.	NJURY — At home, (Specify)	, farm, atreet	, fectory, offic	ta .		281. LOCATION City or Town	(Street and Nurr n, State)	nber or Rural	Route Number,
COMPLEIED	emal		CIAN: To the best of my									a) and manner as stated.
IO BE C	29b. SIGNATURE AND TITLE A COLOR OF THE STATE OF T	El-	solno	2 M	>		29c. LIC	CENSE NUI	1972	29d. [Z.—	(Month, Day, Year)
	31. DATE FILED (Month, Day,	B,	BOB 32. REGISTRAR'S	722_C SIGNATURE		ik	He	igh	t, Au	e 21	20 8	2
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	A	中里	0
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31, DATE FILED (Month, Day, Year)

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FEB. 19, 1990 225 JAMES WOLF SR. LESLIE 7. DATE OF BIRTH 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign NOV. 18, 1903 MONTHS DAYS HOURS MARYLAND 86 1 X M 2 - F 215-03-7484 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH CATONSVILLE BALTIMORE DIRECTOR MERIDIAN NURSING HOME RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 6151 REGENT PARK ROAD 21228 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yes or No-14. RACE - American Indian, Black, White, atc. 1 Never Merried 2 X Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify. Specify WHITE BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elamentary/Secondary (0-12) College (1-4 or 5+) LINEMAN WESTERN UNION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLES WOLF FLORENCE BENNETT 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) EVELYN E. WOLF 6151 REGENT PARK ROAD, CATONSVILLE, MD. 21228 20a_METHOD OF DISPOSITION
1 Name | 2 Cremetton 3 Removel from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State LORRAINE PARK CEMETERY WOODLAWN, MARYLAND EL SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD.21228 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximete ehock, or heart failure. List only one cause on Onset and Death IMMEDIATE CAUSE (Fine) disease or condition ountes resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): -10 2 PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 YES 2 DO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one EXAMINER? HOSPITAL: 1 | Inpetient 2 | ER/Outpetient 3 | DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ETED Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. COMPL on and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 205. BIGRATURE AND DATE OF CERTIFIERS 29c. LICENSE NUMBER 29d, DATE SIGNED (Mc BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1303 FREDERICK ROAD, CATONSVILLE, MD. 21228 WILLIAM McGRATH M.D.

32, REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR												
DECEDENT'S NAME (First, Middle, Last MICHAE		Α.		WIL	SON			2. DATE OF MONTH 2-1	L5-90	W	YEAR	3. TIME OF DEATH 3:10AM
social security number 217-84-3658	5. SEX	8. AGE (In yrs.	last birthday) YRS.	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, 1	BIRTH Day, Year)		8. BIRTHI Country	PLACE (State or Foreig
. FACILITY NAME (If not institution, give		71		9b. CITY,	, TOWN C	OR LOCATI	ON OF DE		20,00	9c. COUN	ITY OF DE	
UNIVERSITY HOSP	τπατ.					IMORE						
ESIDENCE OF DECEDENT	1170						: C1.	I				
MD 106. COUN	TY			Y, TOWN O		TION						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
. STREET AND NUMBER 1502 W. FAYETTE	STREET A	PT A			101	zip cod	1223			10g. CITI	ZEN OF W	HAT COUNTRY?
MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	ARMED					IIC ORIGIN?		or No—	14. RACE	- American Indian,
Never Merried 2 Merried Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2X	XNO			2 X NO		n, Puerio Ric	ean, etc.)		Specif	, White, atc.
15. DECEDENT'S ED (Specify only highest grad		180.	DECEDENT'S (Give kind of v	USUAL OC	CCUPATIO	ON of wastel		16b. K	IND OF BUS	SINESS/IND	USTRY	DEMOR
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us	se retired.)			ng		LIMDO			
			PHYS	SICAL	. PL/	ANT			UMBC			
FATNER'S NAME (First, Middle, Last)								ME (First, Mic				
JAMES WILSON						BE	RNIC	E	ALL	EN		
. INFORMANT'S NAME (Type/Print)			19b. MAILING									
CHERYL WILSON			2202 1	V. CA	ALVE	RT S	TREE	T/BAL	TIMOR	E, MC	21	.218
. METHOD OF DISPOSITION Buriel 2 Cremetion 3 Re	moval from State	20b. PLAC	CE OF DISPOS	SITION (Na	ime of cer	metery, crer	matory or		20c. LO	CATION —	City or Tox	wn, State
Donetion 5 Other (Specify)		101	DEN PA	ARK C	EME	TERY			BAI	TIMOR	RE. M	10
SIGNATURE OF FUNEBAL SERVICE I	ICENSEE	1 1		22. 1	NAME A	ND ADDRE	SS OF FA	CILITY			,	
/ / .	V (. \ /											
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ART il. Enter the disessee, of shock, pr heert failure and the season of season	b. DUE TO d. HOSPITAL: 1/X/npatient 2 28e. PLACE O	Coused the se on each life of the second construction of the second constru	SEQUENCE OF SEQUEN	OTHER OTHER OTHER HONG	28. Pi R: rsing Hon 28c. IN. 25c. IN. 2	g cause	ARM given in DEATN (Chicoldence	Part I. : Seck only one; B Other 2ed, DESC Subj 2er, Local City or 1502 G bt 3/up	24a. WAS AND PERFORM (Specify) (Specify) (RIBE HOW IT FOWN, Stele) (W. F. F. C.	AUTOPSY amenda Number and Number	cured ed ror Rural F	Approximate interval Betwoen Several Domest and Domest August 2 No.
3. PART I. Enter the disease, on shock, or heert failure MMEDIATE CAUSE (Finel licease or condition) equentielly liet conditions, any, leading to immediate euse. Enter UNDERLYING AUSE (Disease or Injury net initiated evente seuting in death) LAST ART II. Other significent conditions. S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural 5 Pending Investigation in Natural 5 Pending Investigation in Suicide Could not be determined with Momicide described in CERTIFIER (Check only one)	Complications that be a contributing to the contribution to the co	Coused the se on each life of the second construction of the second constru	SEQUENCE OF SEQUEN	OTHER OTHER OTHER HONG	28. Pi R: rsing Hon 28c. IN. 25c. IN. 2	g cause LACE OF I PROPERTY AT DRK? YES 23	ARM given in DEATN (Chicoldence	Part I. : ack only one; beck only one; conditions	24a. WAS AND PERFORM (Specify) (Specify) (RIBE HOW IT FOWN, Stele) (W. F. F. C.	AUTOPSY BMED? B No	cured and a couse(e	Approximate interval Betwoen Several Domest and Domest August 2 No.
3. PART I. Enter the disease, on shock, or heart failure and the sease of condition and the sease of conditions. ANT is of the significent conditions of condit	Complications that be a contributing to the contribution to the co	Coused the se on each life of the second construction of the second constru	SEQUENCE OF SEQUEN	OTHER OTHER OTHER HONG	28. Pi R: rsing Hon 28c. IN. 25c. IN. 2	g cause LACE OF I PROPERTY AT DRK? YES 23	ARM given in DEATN (Ch	Part I	24a. WAS AND PERFORM (Specify) (Specify) (RIBE HOW IT FOWN, Stele) (W. F. F. C.	AUTOPSY BMED? B No	cured cured cured r or Rural R ted. he couse(e	Approximate interval Betwoen and Donest and
ART II. Enter the disease, on shock, pr heert failure and the second shock of the second s	Complications that be List only one course to be considered to be consider	Coused the se on each ill COUNDS (OR AS A CONSIDER CONSID	OF CHE SEQUENCE OF	FI: OTHER FI: In the un OTHER A Num BE OF JURY S PM HOME	28. Pi R: rsing Hon 28c. IN. 25c. IN. 2	g cause LACE OF I PROPERTY AT DRK? YES 23	ARM Given in DEATN (Chi	Part I	24a. WAS AND PERFORM (Specify) (Specify) (RIBE HOW IT FOWN, Stele) (W. F. F. C.	AUTOPSY BMED? B No	cured cured cured r or Rural R ted. he couse(e	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? MXXXVES 2 NO Soute Number, Treet, Bal
3. PART I. Enter the disease, of shock, pr heert failure MMEDIATE CAUSE (Finel lieses or condition essuiting in death) equentielly liet conditione, any, leading to immediate euse. Enter UNDERLYING AUSE (Disease or Injury net initiated evente essuiting in death) LAST ART II. Other significent conditions and the conditions of the cond	C. DUE TO C. DUE TO C. DUE TO DUE T	Coused the se on each ill COUNDS (OR AS A CONSIDER CONSID	OF CHE SEQUENCE OF	F): THEF: In the un OTHEF JURY SPIM HOME HOME A, Print)	28. Pi R: 1	g cause LACE OF E TORK? YES 23 e end place death occu	ARM given in DEATN (Ch	Part I. : ack only one; beck only one; conditions to the conditions one; conditions the conditions one; conditions one;	24e. WAS AN PERFOR	AUTOPSY MED? INJURY OC STABO AND	cured cured cured r or Rural R ted. he couse(e	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? MXXXVES 2 NO Soute Number, Treet, Bal

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DIVISION OF VITAL RECORDS, TO COMPANY OF THE PROPERTY OF THE P	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centured be executed within 12 and other factors and other properties of the second of the control	10 THE MARKAL DIRECTUR. After this centralized has been signed by the actuaring provision and control in the control of the co	be filed within /z hours are death with the state debt, or health and montas hypothepron to bound, contractor,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CI	ENTIF	ICALE	. OF	DEA	In		REG. NO.			
į	1. DECEDENT'S NAME (First, Middle, Lass	DDNEY	W	IMBUS	SH				2. DATE OF MONTH	5-90	Y	YEAR	3. TIME OF DEATH 9:26AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. OATE OF	BIRTH		8. BIRT	HPLACE (State or Foreign
	213-88-8690	1 🛛 M 2 🗆 F	28	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, I	27-1	961	Count	Md
	96. FACILITY NAME (If not institution, give	e street and number)	20		9b, CITY.	TOWN (OR LOCATI	ON OF DE			_	INTY OF	
œ	Harbor hospital							Cit					
2	RESIDENCE OF DECEDENT								1			_	
EC	10a. STATE 10b. COU	NTY			Y, TOWN O		TION						10d. INSIDE CITY LIMITS?
DIRECTOR	Md			В	altin	ore							1 XYES 2 NO
FUNERAL	10e. STREET AND NUMBER					10	. ZIP COD				10g. CIT		WHAT COUNTRY?
E I	10 Wickman							207				US	
5	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT FORCES? 1	YES 2	RMED NO					IC ORIGIN?		or No-	14, RAC Blac	E — American Indian, ck, White, etc.
ВУ	3 Widowed 4 Olvorced	IF YES, GIVE W			1	☐ YES	2 X NO	Specify	r.			Spec	Black
	, Tarana and the same and the s	1										DUGTON	DIACK
三	15. DECEDENT'S E (Specify only highest gro		(6	Give kind of	work done	during me	ON ost of worki	ing	16b. F	INO OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	a. Do NOT u	ise retired.)								
MP													
8	17. FATHER'S NAME (First, Middle, Last)	1 1 0							ME (First, Mic Robi		Surname)		
BE (Ralph Wi	mbush, Sr						eren	KODI	HSOH			
	19a. INFORMANT'S NAME (Type/Print)		15	B. MAILING	G ADDRESS	(Street	and Numbe	or or Rural I	Poute Numbe	r. City or Tow	n, State, Z	ip Gode)	MJ 01000
우	Vergie Bass			120	19 L 11	nwor	'un P	venu	e Apt	1 8	Ba	alto,	, Md 21239
	20s. METHOD OF DISPOSITION		20b. PLACE other p		SITION (Na	me of ce	metery, cre	matory or		20c. LO	CATION -	- City or T	Town, State
	1 Surial 2 Cremation 3 R	emoval from State			Cem	eter	٧.			Ва	Itin	nore,	, Md
	21. SIGNATURE OF PUNERAL SERVICE	LICENSEE			22.	NAME A	ND ADDRI	SS OF FA					
	1 Shuti	Calibora)				ch F/		West				
	23. PART I. Enter the diseases,	CAPCON							Aven				
Z	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a.SEIZURE DUE TO	DISORDI (OR AS A CONSE		OF):								Onset and Death
CERTIFICATION	Sequentially list conditions, if eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	(OR AS A CONSE										
	PART II. Other significent condit	d.	death but not	resulting	in the u	nderivi	ng cause	given in	Part i.	24s, WAS AN	AUTOPS	y 24	No. WERE AUTOPSY FINDINGS
EDICAL	ARTERIOSCLEROT1		VASCULAI							PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ									_				VIII . 70
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28 1	PLACE OF	OFATH //C	neck only one	1			
C	EXAMINER?	HOSPITAL:			OTHE	R:							
YS	YES 2 NO	1 Inpatient 25	54 b	1				Residence	6 Other		10.1 10.100.0.0	0011050	
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE Of (Month, E		28b. Ti	ME OF NJURY M	W	ORK? YES 2	□ NO	28d, OE\$0	CRIBE HOW	INJURY O	CCUREO	
ВУ	2 Accident Investigation 3 Suicide B Could not	28e. PLACE C	F INJURY — At I	home, farm	, street, fac	tory, off	ice					ber or Rura	Il Route Number,
ED	3 Suicide 8 Could not 4 Homicide determine		etc. (Specify)						City o	r Town, State)		
H	29e. CERTIFIER												
COMPLET	(Check only	HYSICIAN: To the best of winer: On the basis of a											e(s) and manner se stated.
00	A												
BE	290. SIGNATURE AND TITLE OF CERT	DA A					1	CENSE NU	MBER		29d. D.	2-15	EO (Month, Dey, Year)
10		NYN	154					الثلاثاب				- 10	
F	30. NAME AND ADDRESS OF PERSON					7+20	ot D	21+1	moro	MD 21	201		V
	ANN M. DIXON,	MD		TT P	enn S	otre	et,B	diti	more,	TZ CIM	ZUI		V
	31. DATE FILEO (Month, Day, Year)	11	AR'S SIGNATURE										
	FEB 2 0 1990 4	Julia Davidson	- Gandell	•									
_	77									-			

DHMH-18 Rev 1/89

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IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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COMPLETED

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1 - STATE REGISTRAR			ERTIF	ICATE	OF I	DEATH		REG. NO).				
1. DECEDENT'S NAME (First, Middle, I	T.	T-7-	allace						DAY	YEAR	3. TIME OF		
George									5	90	1:3		-
4. SOCIAL SECURITY NUMBER 214-18-3577	5. SEX 1X M 2 F	6. AGE (In yrs. 67	YRS.	MONTHS 0		HOURS MI	N. De	Month, Day, Year)	1922	S. BIRTHE Country Mar	yland	or Foreig	
98. FACILITY NAME (If not institution, 801 N. LI) RESIDENCE OF DECEDEN	NWOOD AVE.					imore	F DEATH		9c. COU	INTY OF DE	ATH -		
Maryland tob. co				ry, town on timor		ON					tod. INSIDE LIMITS: 1 X YES	?	
801 N. Linwood	l Ave		h.		101.	ZIP CODE 212	05		10g. CIT		S.A.	3Y7	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	W.W.II	YES 2 AAR OR DATES	NO	lf y	Yee, spec	city Cuben, Me 2 NO S	xican, Pu	RIGIN? (Specify Ya serio Rican, atc.)	na or No	14. RACE Black, Specifi While	- American White, etc.	Indian,	
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5	+)	DECEDENT'S (Give kind of life. Do NOT L	work done dui ise retired.)	UPATION ring most	N t of working		16b, KIND OF BU	JSINESS/IN	DUSTRY			
17. FATHER'S NAME (First, Middle, Las Thomas Wall	*					18. MOTHER'S	S NAME (First, Middle, Maide Pie	n Surneme) chock	i			
190. INFORMANT'S NAME (Type/Print) Edward G. Maleo								Number, City or To					
20s. METHOD OF DISPOSITION 1 □ Burlel 2 🖾 Cremetion 3 □ 4 □ Donation 5 □ Other (Specify)		other	place)	emato		Inc .	y or			city or Tow	_{vn, State 4ary1a}	and	
21. SIGNATURE OF FUNEAAL SERVI	CE LICENSEE	1/-		S	chir		Fune	ral Hom		1. 212	213		
23. PART Enter the diseases shock, or heart fel IMMEDIATE CAUSE (Final disease or condition resulting in death)	ure. List only one ca	use on each li	ina. Arter:	ioscle							intary	oximsta ral Betw t and D	
Sequantially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	T b	OR AS A CON											
CAUSE (Disesse or injury that initisted events resulting in death) LAST	C. DUE TO	O (OR AS A CON	SEOUENCE (OF):									
PART II. Other significant con-	ditions contributing to		ot resulting	in tha und	arlying	csuaa give	n in Par	1 I. 24e. WAS A PERFO	N AUTOPSY DRMED?	24b.	WERE AUTOR AMAILABLE F COMPLETION DF DEATH?	PRIOR TO	

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA e 5 KRasidanca 6 Other (Specify) 27. MANNER OF DEATH 28d, DESCRIBE HOW INJURY OCCURED

28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 5 Pending Investigation 1 X Natural 1 YES 2 NO 2 Accident
3 Sulcide 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as atated.

3 💥 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) OCME 2-16-90

30. WAHE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn St., Balto., Md. Frank J. Peretti, M.D.

32. REGISTRAR'S SIGNATURE

DHMH-t6 Ray t/89

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STATE	0F	MARYLAND /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENI
		CI	ERTIFICATE	0	F DEAT	TH		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HI		MENTAL HYGIEN		0 0 4 1 1
1. DECEDENT'S NAME (First, Middle, La.	st)	02	DAIL OI	DEATH	2. DATE OF DEATH	· .	3. TIME OF DEATH
CHARLES R WA	RREN				Feb 1	7 199	0 8 33 a.M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (-	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIF	TTHPLACE (State or Foreign untry)
218-14-3424 90. FACILITY NAME (If not institution, give		04 YRS.	9b. CITY, TOWN OF	HOURS MIN.	Jan 30	1926 M	aryland
934 Franklin	town Road		Balti			SC. COOKI 1 OF	VEATH .
10e. STATE 10b. COU		10c. CITY,	TOWN OR LOCATI	ON			10d. INSIDE CITY
MD		Ba	altimor	e			1 X YES 2 NO
10e. STREET AND NUMBER			10t.	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
934 Franklin	town Road			21216		US.	A
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES		It yes, spe-	NDENT OF HISPAN city Cuben, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerlo Rican, etc.)	Bi	ACE — American Indian, ack, White, etc.
15. DECEDENT'S E	DUCATION	180. DECEDENT'S U	SUAL OCCUPATION	4	16b, KIND OF BU	ISINESS/INDUSTRY	
(Specify only highest gr Elementary/Secondery (0-12)	ede completed) College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during mos retired.)	t of working			
12th Grade		Crane	Operat	or	Stee	1	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	Surname)	
Nathaniel Wa	rren			Laura	Harris		
19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		
Adelaide War		1730	Pulasi	ci Stre	et Balti	more,	MD 21216
20s. METHOD OF DISPOSITION 1X. Burlel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	emoval from State	other plage) arrison	Forest	Veter	an Owi	ngs Mi	lls, MD
21. SIGNATURE OF FUNERAL SERVICE	H. Herren			al Hom			lmore Hense an-Harris h Street
23. PART I. Enter the diseases,	or complications that caused	f the deeth. Do no	t enter the mod	le of dying, auc	h aa cerdlac or reap	olratory arrest,	Approximate
shock, or heart fallu	re. Liet Dnly ona cause Dn e	ech line.					Oneat and Death
disease or condition resulting in deeth)	Pulmo	navy	Embo	lun			immed
resulting in deetin)		CONSEQUENCE OF	:				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Commentally list and distance	Chron	ic thr	ombox	hizbi	tio		4 markly
Sequentially list conditions, if any, leading to immediate	7	CONSEQUENCE OF):					1
CAUSE (Disesse or injury	U-	CONSEQUENCE OF	Carci	noid	Cance	~	+ years
that initiated events resulting in death) LAST	Human		1.0		1/3 50 / /	TIL	13 months
	d. Troomson	mmun	oathe	iency	VIIIUS) Wastaway
PART II. Other eignificent condit	ions contributing to deeth b	ut not resulting in	the underlying	ceuse given in		N AUTOPSY 2	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 🗆 YES		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			00.01	NCE OF DEATH (Ch			
EXAMINER?	HOSPITAL:		OTHER:	-			
27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b. TIME			8 Other (Specify) 2ad, OESCRIBE HOW	INJURY OCCURED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI	RY WOR		zau. OEȘCHIBE NOW	INJUNI OCCURED	
3 Suicide a Could not determined		— At home, farm, str cify)	reet, factory, office		281. LOCATION (Street City or Town, State	end Number or Run	al Route Number,
000)	IYSICIAN: To the best of my know						e(e) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTI	FIER	ND.		DZ69		29d. DATE SIGN	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON KARELI TRE		ATH (ITEM 27) (Typo, F		PIRSSA	DOR RD.	2120	7
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
FER 2.0 1990	Sulis Savidson-Res	delle					
TED AT THE	7						

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FRANK PERETTI, MD

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND C	/ DEPAF					MENTAL	HYGIEN REG. NO.	E	90	04175
	1. DECEDENT'S NAME (First, Middle, Last) KEIONA		Ε.		WHIT		DEA		2. DATE O		NY.	YEAR	3. TIME OF DEATN 7:00AM M
	4. SOCIAL SECURITY NUMBER 217 25 1910	5. SEX 1 M 2 F	6. AGE (ECVIS. In	yrs.	IF UNDE MONTHS	R 1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE C			Carman	PLACE (State or Foreign
TOR	96. FACILITY NAME (If not institution, give so Peninsula Genera RESIDENCE OF DECEDENT					alist	ury	ON OF DE	ATH		9c. COUN	TY OF DE	ATH
FUNERAL DIRECTOR	Maryland wico						у,		ylar	ıd			10d. INSIDE CITY LIMITS? 1 A YES 2 NO
VERAL	100. STREET AND NUMBER POCOHON						2180)1			US		HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12, WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO	13.	If yes, sp		n, Maxica	n, Puarto Ri	(Specify Yae can, atc.)	or No—	14. RACE Black, Specify	- American Indian, White, etc. Black
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elamentery/Secondary (0-12) NON ©	CATION completed) College (1-4 or 5	1111	ECEDENT'S Give kind of the Do NOT u	work done	during mo	ON Ist of workin	ng	18b.	Non		USTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) Antonio Wnit	е					18. MOTI		me (First, Mi rell	ddle, Maiden De:	Sumame) nnis	W.	
TO B	190. INFORMANT'S NAME (Type/Print) Terrell Den:	nis	1	9b. MAILING	107	PO PO	cohc	or Rural I	AVE	n, City or Town	n, Stoto, Zip Sali	code) sbur	cy md
	20a METHOD OF DISPOSITION 1 Purial 2 Cremation 3 Rem. 4 Donation 5 Other (Specify)	oval from State	20b. PLACI other p	E OF DISPO					mete		Her	bon	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	ook)			1574	We	st R	oad .	Ext.	01	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cer	n Infant	t Dea	not ente	r tha mo	oda of dy						Approximate interval Between Onset and Deeth
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	(OR AS A CONS										
ERTIF	that initiated events resulting in deeth) LAST	OUE TO	(OR AS A CONS	EOUENCE C)F):								
MEDICAL C	PART II. Other significent condition	s contributing to	death but not	resulting	in the u	nderlyin	g cause	givan in		24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. P	LACE OF D	EATH (Ch	eck only one)			
YSIC	XXXES 2 □ NO	HOSPITAL:	XR/Outpatient	3 🗆 DOA	OTHE 4 Nu		ne 5 🗆 R	asidenca	6 🗆 Other	(Specify)			
ВУ РН	27. MANNER OF DEATN XXX Natural 5 Pending 2 Accident Investigation	26a. DATE Of (Month, I	INJURY Pay, Year)	28b. TII	JURY M	WC	JURY AT ORK? YES 2] NO	28d. OE\$6	CRIBE NOW I	NJURY OCC	CURED	
0	3 Suicide S Could not be 4 Nomicide determined		of INJURY — At I atc. (Specify)	nome, farm,	street, fa	ctory, offic	ea .			TION (Street of Town, State)		or Rural Re	oute Number,
COMPLET	20a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 NEOICAL EXAMINE	R: On the besis of a					death occu	red at the	tima, date				end menner ea stated.
111	291- BHINNTTINE MIG THE OF CHITCHE	1///					29c. LIC	ENSE NUI	MBER		29d. DATI	SIGNED	(Month, Day, Year)

OCME

111 Penn Street, Baltimore, MD 21201

PERSON WNO COMPLETEO CAUSE OF OEATN (ITEM 27) (Type, Print)

32. REGISTRADIS SIGNATURE

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2-11-90

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DIRECTOR: A hours after d

FUNERAL (
within 72 h

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IMPORTANT:

After death

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13146	executed within
X	2
O. BOX	he law requires that the death certificate be
7.0	death
3	the
¥	that
RECORDS	requires
	AND.
M	The
OF VI	PHYSICIAN:
DIVISION OF VITAL	AL OR ATTENDING PHYSICIAN: The
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH VEAD YONG KIL YU FEB. 1990 : 14 A 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 6, BIRTNPLACE (State or Foreign 1 XM 2 | F DAYS HOURS 212-98-5012 YRS. 1914 FEB Korea 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center Baltimore City Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10h COUNTY 10d, INSIDE CITY 1 YES 2 X NO Maryland Anne Arundel Annapolis FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 508 Hillsmere Drive 21403 Korea 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specily Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 Never Married 2 X Merried If yes, specify Cuben, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: BY 3 Widowed 4 Divorced Oriental ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION eacify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12th None N/A N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) UNKNOWN YU UNKNOWN B 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 Same as 10e Mr. George Kim 20e. METHOD OF DISPOSITION
1 XBurlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Meadowridge Memorial Park Elkridge, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY of 1 SECOND AVE. S.W. SINGLETON FUNERAL HOME, GLEN BURNIE, MD21061 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. intervai Between Onset end Death **IMMEDIATE CAUSE (Finel** disease or condition 1/neumonic resulting in death) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING PA 0 CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART if. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO DF DEATN? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO J □ Inpatient 2 □ ER/Outpatient 3 □ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1- Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 206, BIGHATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE tern 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 192 32. REGISTRARIS SIGNATURE Pandelle 20

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1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	YEAR	3. TIME OF DEATN
Milton ANDREWS					02 14		10:27 A
4. SOCIAL SECURITY NUMBER 104-38-5401	5. SEX 6. AGE	(In yrs. last birthday) 46 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH 6 (Month, Day War) 6 8 4 3	8. BIFT Coul	NPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give s AMI DRS HOSPITAL		ТҮ	Lanha	R LOCATION OF D	EATH	9c. COUNTY OF P. G	
10a. STATE Md. 10b. COUNTY	P.G.	10c. CIT	Bladens	burg	FY F		10d. INSIDE CITY LIMITS? KTYYES 2 NO
100. STREET AND NUMBER 6011 Eme	cson St. #	716	101	20710		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR	2 X NO	If yea, sp		NIC ORIGIN? (Specify Year in, Puerto Ricen, etc.) y:	Spe	CE — American Indian, ick, White, etc. actly:
15, OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) College (1-4 or 5+)	Ille. Do NOT us	vork done during mo	st of working	166. KINO OF BUSI	INESS/INOUSTRY	Stores
17. FATNER'S NAME (First, Middle, Last)	inton Andr	-ews			ME (First, Middle, Maiden S lizabeth		ith
19a. INFORMANT'S NAME (Type/Print)	Incon Anai		ADDRESS (Street a		Route Number, City or Town		
Hattie Melton					, Conn.	06514	
20e. METNOD OF DISPOSITION XXBurlet 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place) Harmon			/17/90 La	ndover	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE OLA	tt-			gton & So ughs Ave.		•
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR AS	A CONSEQUENCE OF	7 7	E D Z	KRTEN!	5102	
PART II. Other significent condition	d. ne contributing to deeth	but not resulting	n the underlyin	g cause given in	Part I. 24a. WAS AN PERFORI	MED?	Ab. WERE AUTOPSY FINDIN AMALABILE PRIOR TO COMPLETION OF CAUSI DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF OEATH (C	heck only one)		
1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	25a. DATE OF INJUR (Month, Day, Year	Y 26b, TIM	4 Nursing Non E OF 28c, IN. URY	URY AT PRK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
2 \(\text{\ Accident} \) Accident 3 \(\text{\ Suicide} \) Suicide 4 \(\text{\ Nomicide} \) Nomicide 4 \(\text{\ determined} \)	26a. PLACE OF INJU- building, etc. (S)	RY — At home, farm, specify)	street, factory, offic	•	281. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,
one)	ICIAN: To the best of my kno						e(a) and manner as states
29b. SIGNATURE AND TITLE OF CERTIFIE	ha	ms		29c, LICENSE NU	MBER 1	29d. DATE SIGN	EO (Month, Day, Your) 14.90
30. NAME AND ADDRESS OF PERSON WIN	A R, MA	96/0	(A)	Roll	AYEA	530 J	AROMA PI
31. DATE FILEO (Month, Day, Year)	17: REGISTRAR'S SI						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. — Yours after death. Page 6 may refer to the property of the property DIVISION OF VITAL RECORDS, P.O. BOX 13146,

hospital or attending physician.

BALTIMORE MARKLAND 21203-3146

Charles Controlle

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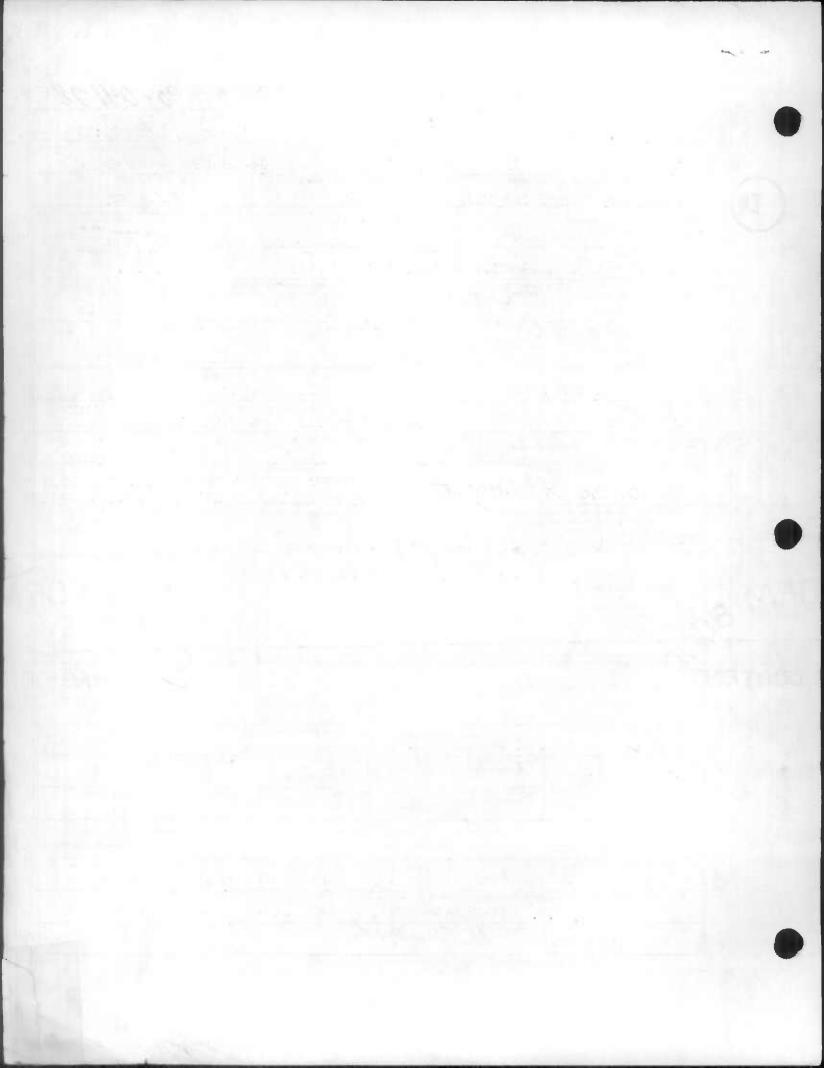
FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPARTM	MENT OF HEA	LTH AND MI	ENTAL HYGIEN REG. NO.	90.	04178
1. DECEDENT'S NAME (First, Middle, Last)						V VE	3. TIME OF DEATH
Evelyn E. Amos	1				February		
4. SOCIAL SECURITY NUMBER		MO		UNDER 24 HRS. 7	Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
216-28-5166 9e. FACILITY NAME (If not institution, give	1 M 2 F	81 YRS.	a. CITY, TOWN OR I			9c, COUNTY	laryland OF DEATH
			Olney				gomery
Montgomery Gen RESIDENCE OF DECEDENT 100. STATE 100. ST	n ltimore		dallsto				10d. INSIDE CITY LIMITS? 1 YES 2 XNO
100. STREET AND NUMBER 3450 Carriage	Hill Cir	ccle Apt. 1		1133			OF WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR		If yes, specif	ENT OF HISPANIC Cuben, Mexicen, NO Specify:	ORIGIN? (Specity Yae Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify. White
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S US (Give kind of work life. Do NOT use in Cler)	done during most o atired.)	working	Hutzle		
	n Amoss			Effie	E (First, Middle, Malden Lewis	Surname)	
190. INFORMANT'S NAME (Type/Print) Mary Moyer					ne Number, City or Tow		21133 mallstown, MD
20e. METHOD OF DISPOSITION 11 Burlel 2 Cremetion 3 Red 4 Donation 5 Other (Specify)	moval from Stata	20b. PLACE OF DISPOSITI					or Town, State
21. SIGNATURE OF FUNERAL SERVICE L		MoodTam	Cemete	DDRESS OF FACIL		podlawn	Maryland
23. PART I. Enter the diseases, or shock, Dr heert feilure immeDiATE CAUSE (Finel disease Dr condition resulting in death)	. List only one ceuse	aused the death. Do not	antar the mode	of dying, such			301) -795-14 Approximate interval Betwee Onset and Dest
	EM	DITUE EMA	(00	600			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OI	R AS A CONSEQUENCE OF):					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO 27. MANNER OF DEATH	ona contributing to de	eath but not resulting in	the underlying c	ause given in Po	PERFOI	RMED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	E OF DEATH (Check			
	28s. DATE OF IN (Month, Day,	JURY 28b. TIME C	Y WORK	AT :	Other (Specify) 28d. DESCRIBE HOW	NJURY OCCUP	ED
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e PLACE OF I	NJURY — At home, farm, atre c. (Specify)			2sf. LOCATION (Street City or Town, State)		Rural Route Number,
CONDON ONLY		y knowledge, death occurred mination and/or investigation,					euse(e) end menner ee stated.
296. SIGNATURE AND TITLE OF CERTIF	Fred mi	> ATTENDI PHYSICIA	9	3 47 4	0 (M)	29d. DATE S	IGNED (Month, Day, Year) 2 / 90
30. NAME AND ADDRESS OF PERSON V		OF DEATH (ITEM 27) (Type, Pr	rint)	R OL	NEY M	1 2	0832

32. REGISTRAR SSIGNATURE Jandson Randall

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and the same and t	-	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be r
5000	or remova	medical
1	tion,	the
and in	il, crema	event,
0	er death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	traumatic
	Нудіеле р	r other
of the second	nd Mental	injury, o
3	uth a	any
B	. of Hea	shows
2	Dept	23
Composi	State	item
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11. 7.74	er de	1 8

notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMI			ENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	Benur	7			2. DATE OF DEATH DAY	9 YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (In yr	s. lest birthday) IF U			7. DATE OF BIRTH (Month, Day, Year)	Countr	PLACE (State or Foreign th Carolina	
98. FACILITY NAME (If not institution, give street Sinai Hosi	t and number)	9b.	Balli	ATION OF DEA		c. COUNTY OF D		
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION	~P(P)	City		10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
10e. STREET AND NUMBER 10. STREET AND NUMBER 11. MARITAL STATUS 1. Never Married	oja Ace		101. ZIP (CODE	5	og. CITIZEN OF W		
	2. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES COrean Conflic	□NO		luban, Maxican,	CORIGIN? (Specify Yea or Puerlo Rican, etc.)	No 14. RACE Black Speci	— American Indian, , White, atc.	
15. DECEDENT'S EDUCAT (Specify only highest grade con-	10N 16s	. DECEDENT'S USUA	lone during most of w	orking	16b. KIND OF BUSIN	ESS/INDUSTRY	Diuck	
17. FATHER'S NAME (First, Middle, Last)		Area Mana		OTHER'S NAME	Alleghen; E (First, Middle, Maiden Sur		Cola Co	
Johnnie Brown 19a. INFORMANT'S NAME (Type/Print) Many Brown			RESS (Street and Nu	mber or Rural Ro	eynolds ute Number, City or Town, S			
200 METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Ramova	al Irom State 20b. PL	ACE OF DISPOSITION				ION — City or To		
4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN C;		rest Vete	22. NAME AND AD 2501 Gwi		Balti LIS Pkwy. Uland 2121	ineral l	domes, Inc.	
23. PART I. Enter the diseases, or conshock, or heart feilure. Lis immediate disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	MYOG	NSEQUENCE OF):	en l		RCTION		Approximate interval Between Onset and Death	
PART II. Other eignificant conditiona	contributing to death but r	not resulting byth	e underlying cau	se given in P	ert I. 24s. WAS AN AU PERFORME VES 2 E		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMPLER? 1 YES 2 NO 1 MANNER F DEATH	OSPITAL:	ОТ	26, PLACE (OF DEATH (Chec	k only one)			
	26a. DATE OF INJURY (Month, Day, Year)				28d. DESCRIBE HOW INJURY OCCURED 28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
3 Suicide 8 Could not be	3 Suicide 8 Could not be 28e. PLACE OF INJURY — A building, atc. (Specify)							
onel	N: To the best of my knowledg) and menner es stated.	
296. SIGNATURE AND TITLE OF CERTIFIER	rshe	MQ	290.	LICENSE NUME	SER 2	9d. DATE SIGNED	(Month, Day, Year)	
30. NAME AND ADDIES OF PERSON WHO (32. REGISTBAR'S SIGNATU	62	ca PK	Hts	Are, 1	Buog	31102129	

HYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Farmours after death. Page more to THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral difference filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial; cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mineral.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, CULLEN		BATTLE					2. DATE OF O	DAY 10	YEAR 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBE	ER		B. AGE (In yrs. les		IF UNDER 1 YEA		7. DATE OF B	IRTH	8. BIRT	HPLACE (State or Foreign
238-64-5		1 X M 2 🗆 F	77	YRS.	MONTHS DAY	S HOURE MIN.	5/11°Y	772	Coun	7.C.
90. FACILITY NAME (If not ins PRINCE GEO	RGE'S	HOSPITAL	CENTER			N OR LOCATION OF C	DEATH	9c. COU PR	INCE	GEORGE 'S
MARYLAND									10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
100. STREET AND NUMBER 7010 Greig Ct.				101. ZIP CODE 20743					what country?	
11. MARITAL STATUS Never Merried 2 3 Widowed 4 Divor		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES Z	NO NO	If yes	DECENDENT OF HISPA epecify Cuben, Mexic (ES 2 X NO Spec	en, Puerto Ricen		Blec	E — American Indian, ik, White, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementerry/Secondary (0-12) 5 th College (1-4 or 5+)			(G life	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Farmer			Agriculture			2
IT. FATHER'S NAME (First, Min		y Battle	е				AME (First, Middle e Pitt	, Maiden Sumeme)		
Curtis Ba						et and Number or Rura St., Ne		,		06515
ROBERTHOD OF OISPOSITION Burlet 2 Cremation Donetion 5 Other	n 3 🗆 Rem	ovat from State	20b. PLACE other pi Har	of dispos	Mem.	cometery, cromatory or Park 2	/15/90		ver,	Md.
21. SIGNATURE OF FUNERAL	SERVICE LIC	()	и		22. NAMI H .	S.Washi 25 Burr	ngton	& Sons	,Inc	2.
disease or condition resulting in death) Sequentially list condition of any, leeding to immediates. Enter UNDERLYII CAUSE (Disease or injurited initiated events resulting in death) LAST	ons, flete NG	b. GA OUE TO (C	OR AS A CONSE	QUENCE OF	ARCI.	NOMA	MA			2 MONTH
METASTA PROSTAT	TIC	LIVER D	ISE AJÉ	, +	typo c	-LYCEM		WAS AN AUTOPSY PERFORMED? YES 2 NO	24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outpatient	B DOA	OTHER:	N. PLACE OF DEATH (C		eciful		
	Pending Investigation	28e. DATE OF II (Month, De)	NJURY	28b. TIMI	E OF 26c. URY	INJURY AT WORK? YES 2 NO	1	BE HOW INJURY O	CCURED	
3 Suicide 6	Could not be determined	28e. PLACE OF building, e	INJURY At he tc. (Specify)	ome, farm, s	street, factory, o	office	261. LOCATIO City or To	N (Street and Number wn, State)	er or Rural	Route Number,
one)		ICIAN: To the best of m								(e) and menner so stated.
296. SIGNATURE AND TITLE	OF CENTIFIE	" Marcelo	, grus			29c. LICENSE NI			TE SIGNE	(Month, Day, Year)
NAPOLE	ON	C. MAK	RCEL	1,0	Print) 10	5632 AN BLADEN	INAPOLI IS BURG	S RP S	20	E 12 710
FEB 21	1990	22. REDISTRAN	's signature					,		

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF H		MENTAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last)	- Qal	~		2. DATE OF DEATH DAY	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	100	LLON		Feb 14	1990 3.901 11
, [CQ-11-219W	5. SEX 1 M 2 F S SEX	t birthday) IF UNDER 1 YEAR WONTHS DAYS	HOURS MIN.	(Month, Day, Year)	8. BIRTHPLACE (Stata or Foreign
3 should		9a. FACILITY NAME (If not institution, give	street and number)	9b. CITY, TOWN	OR LOCATION OF DE	1 00	c. COUNTY OF DEATH
	CTOR	The John's Ho	PKINS HOSPITA	L BAD	TIMORE_	City	
1	DIRECTOR	Neu VIII 106. COUNT	Υ	BROOK	TION Ly N		10d. INSIDE CITY HMITS? 1 YES 2 NO
C	ERAL	100. STREET AND NUMBER	SON Ave.	10	1 22 (1	og. CITIZEN OF WHAT COUNTRY?
203-3146 or attending Ill can use as the	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AFF FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	IO If yes, sp	CENDENT OF NISPAN Decity Cuban, Maxica S 2 X NO Specty	IIC ORIGIN? (Specify Yea or n, Puerto Rican, etc.)	No 14. RACE — American Indian, Black, White, etc. Specify:
or attending	ETED	15. DECEDENT'S EDI (Specify only highest grad	e completed) (G	CEDENT'S USUAL OCCUPATI ive kind of work done during me Do NOT use retired.)	ON ost of working	16b. KIND OF BUSIN	ESS/INDUSTRY
Spital sold to	COMPLE	Elamentary/Secondary (0-12)	Collega (1-4 or 5+)	FFice CLE	PRK		
3 66 1	ш	17. FATNER'S NAME (First, Middle, Last) FREGERICK	Beli	FON	18. MOTNER'S NA	ME (First, Middle, Malden Sur	Paul
MARY e retained 5 Should notified	TO B	19a. INFORMANT'S NAME (Type/Print)	190	D. MAILING ADDRESS (Street	and Number or Rural I	Poute Number, City or Town, S Je 6D BROO	11 1/1226
E, page		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ref	20b. PLACE	OF DISPOSITION (Name of ce	imetery, crergatory or	- 100	FION - City or Town State
Page Page al dire		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	censes 0 -0	12. HAME A	MATORY HIS OF THE	DILITY	1721 N.
A p t X	-6	Duneveil	L. Kell	Kad	dfunkl	AL Selvie	e MonRoe ST.
24 hours filled in li		A. PART I. Enter the diseases, or shook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List drilly size galdies on week the	exectory a	ariest	h as cardiac or respirat	Approximate Interval Setween Open and Death
4 ba pa	Z		B HTLV I	Passoci	sted les	ngchoma	2 VCS
OX e be siclan rior t	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	aule ha you as & conse	outenice or):	0	a)	
Certificanding Hygies	HTIF	CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):			
death death atte	쁑	DART II OU - I - III A III					1
requires that the signed by of Health and shows any in	MEDICAL	PART II. Other significent condition	ns contributing to destribut not	resulting in the underlyir	ng ceuse given in	Part i. 24a. WAS AN AU PERFORME 1 YES 2	207 AVAILABLE PRIOR TO COMPLETION DE CAUSE
has Dep	SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (Ch	eck only one)	
	YSICI	1 YES 2 NO	HOSPITAL: 1 Inpetiant 2 ER/Outpetient 3	OTHER: 4 Nursing No	me 6 🗆 Rasidence	6 Other (Specify)	
OF PHYSIC CE This CE IN with I	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 1 Network Investigation	28s. DATE OF INJURY (Month, Day, Year)	INJURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW INJ	JRY OCCURED
ISIO TTENDI TTENDI TTENDI affer d	ETED B	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — Al he building, atc. (Specify)	oma, farm, street, factory, offi	ca	28f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,
DIN TAL OR TAL DIRI 72 hour	MPL	onal	SICIAN: To the best of my knowledge, di IER: On the basis of examination and/or				or as stated.
기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기	88	296. SIGNATURE AND TITLE OF CERTIFIC	mande		29c. LICENSE NUI	MBER 2	ed. DATE SIGNED (Month, Day, Year)
2 2 3 N	TO	30. NAME AND APODESS OF	HO COMPLETED SAUGE OF DEATH PO	M 27) (Type, Print)	LE SV	EET BY	TO ND ZZOS
		31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGNATURE				
		FFB 21 1990 g	college distriction - North				

Programmed to the standard of

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22. The HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Frank J.

Peretti,

M.D.

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR per phone REGISTRAR 2/21/	STATE OF MA	ARYLAND / DEPAR	TMENT OF I		MENTAL	HYGIENE REG. NO.		30	U4 8
1. DECEDENT'S NAME (First, Middle, Last) WILLIS	Ι.	44	BASS	DEATH	2. DATE O	OF DEATH	/ 1	3. TIME 90 7:1	of DEATH
The state of the s	5. SEX DOM 2 F	2 0 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month, 12-	PERTH Day Year) 27-6-6	69 6.	BIRTHPLACE (Country)	
9a. FACILITY NAME (If not institution, give stre Frances Scott RESIDENCE OF DECEDENT				or Location of D	EATH		9c, COUNTY	OF DEATH	
10s. STATE 10b. COUNTY			LTIMOR	E CITY				Lille	SIDE CITY AITS? ES 2 NO
100. STREET AND NUMBER 5002 CONANTWAY	PLACE		10	21206			US.	OF WHAT CO	UNTRY?
11. MARITAL STATUS 1	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 20 MNO R OR DATES	If yes, s	CENDENT OF HISPA Decity Cuban, Maxics 5 2000 Specific	en, Puerto A		or No 14	Black, White, Specify: BL.	atc.
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of a life. Do NOT us	vork done during m e retired.)	ON ost of working		URTIS		TRY	
17. FATHER'S NAME (First, Middle, Lest) ALVOR BASS			161	18. MOTHER'S NA			Surname) LYL	ER	
19a. INFORMANT'S NAME (Type/Print) GENEVIEVE KYL	ER			and Number or Rural ERAL SI					2120
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State	20b. PLACE OF DISPOS other place) BAT,TTM		metery, cremetory or $METERY$			ATION — CIT	RE M	_
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE V. D. G. G.	()		. MARCH		. 110)1 E.	NORT	H AVE
23. PART I. Enter the diseases, or co shock, or heart failure. LI IMMEDIATE CAUSE (Final disease or condition resulting in death)	est only one caus Crani	caused the death. Do so on each line. Ocerebral to the AS A CONSEQUENCE O	rauma	ode of dying, suc	ch as card	iac or respir	ratory arres	in	pproximate htervel Betwe haset end Dec
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		OR AS A CONSEQUENCE O							
resulting in death) LAST									
PART II. Other significant conditions	contributing to d	eath but not resulting	in the underlyi	ng ceuse given in	Part i.	24a. WAS AN / PERFORI	MED?	AVAILAE COMPLI OF DEA	NUTOPSY FINDING BLE PRIDR TO ETION DF CAUSE ITH? ES 2 NO
	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C					
2 Accident Investigation	26a. DATE OF II (Month, Day 2-17	-90 6:15	D M 1	JURY AT ORK? YES 2 1 NO	Pede	estriar	n stru	ck by	pickup
3 Suicide 6 Could not be 4 Homicide determined	building, e	INJURY — At home, farm, tc. (Specify)	etreet, factory, off ceet	ice	281. LOCA City of 440	or Fown, Street a 00 blk	Erdma	n, Bal	timore
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER		ny knowledge, death occur mination and/or investigati							MD enner ea stated.
29h. SIGHRITURE AND TITLE OF CENTIFIER	#1	up		29c. LICENSE NU				IGNED (Month,	Day, Year)

111 Penn Street

DHMH-16 Rev 1/89

Baltimore, MD 21201

should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

ified at once.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical

2

11/

1. DECEOENT'S NAME (First, Middle, Last)			ICATI				2. DATE OF D			3. TIME OF DEATH
WALTER	H.	BUTTNE	R				Монтн	20	90 YEAR	9:30 A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BI	ВТН		HPLACE (State or Foreign
220-03-9521	<u>X</u> M 2 ☐ F	70 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month. Park	19	M	aryland
9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY	, TOWN	OR LOCAT	ON OF OE	EATH	9c. CC	UNTY OF	DEATH
Good Samaritan H	Ospital		Bal	timo	re C	ity				
RESIDENCE OF DECEDENT										
Maryland 106. COUNT	· Y		altir			У				10d. INSIDE CITY LIMITS? 1 YES 2 NO
5405 Pembroke Av	enue			10	r. ZIP COC	212	06	10g. C	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced	FORCES?	NT EVER IN U.S. ARMED KX YES 2 NO MAR OR DATES WW 11		If yes, sp		en, Mexice	n, Puarto Rican,	ecify Yea or No— etc.)	Blac	ck, White, etc.
15. DECEDENT'S EDI (Specify only highest grad	JCATION	16a. DECEDENT					18b. KINE	OF BUSINESS/I	NDUSTRY	
Elementary/Secondary (0-12) 12th grade	College (1-4 or 5	+) Electi	use retired.)	2.50			U.S	Gover	rnmen	t
17. FATHER'S NAME (First, Middle, Last) Walter Buttner		1					ME (First, Middle, rtha Ka	Maiden Surname)	
Lillian M. Buttr	er						Route Number, CI Balto	ty or Town, State, Md.	zip Code) 2120	06
66 METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Rer 4 Donation 8 Other (Specify)	noval from State	20b. PLACE OF DISPO	rela	ame of ce	metery, cre	matory or	Pk.	20c. LOCATION Baltin		Town, State Maryland
21. SIGNATURE OF FUNERAL SERVICE L		Home Su		Lass		Fune	ral Hor			2076
23. PART I. Enter the diseeses, pr			-					to. M	_	
immediate Cause (Final disease or condition resulting in death)	a. List only one ca		Lu	eu	La .	e -	Fi be	Con respiratory	2	Approximate Interval Betwee Onset and Daat
Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	O (OR AS A CONSEQUENCE	7	e a		Rec	200	nfa	refs	ga
PART II. Other significent condition	ons contributing to	o death but not resulting	In the u	nderlylr	ng cause	given in		WAS AN AUTOPS PERFORMED?	SY 24	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	® ER/Outpetlent 3 □ DOA	OTHE	R:			heck only one)	M.3		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE O (Month,	F INJURY 28b. T	1	28c. JN W	JURY AT ORK? YES 2		6 Other (Spi 28d, DESCRIE	E HOW INJURY	OCCURED	
	28e. PLACE	OF INJURY At home, farm	, street, fac	ctory, offi	ca		28f. LOCATION	N (Street and Num	ber or Rum	l Route Number,
3 Suicide 8 Could not be 4 Homicide determined	building	, aic. (Specify)								

						PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF OEATH (C	heck only o	ine)	
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetiant 2 ER/Outpetier	M 3 DOA	OTHE 4 Nu	R: reing Home 5 🗆 Reeldence	6 🗆 Oth	er (Specify)	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DE	SCRIBE HOW INJURY OCCUP	RED
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, atc. (Specify)	At home, farm,	street, fac	ctory, office		CATION (Street and Number or y or Town, State)	Rural Route Number,

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Cohen (554 - 2222)South Bldg. Union Memorial Hospital Room 505 Balto., Md.

32. REGISTRAR'S SIGNATURE

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BALTIMORE MARYLAND 21203-3146

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executed	and cor	o burial,	matic e
pe	cian	100	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mon	INRECTOR: After this certificate has been signed by the attending physician and completely filled	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	am 28 is marked or item 23 shows any injury or other traumatic event, the m
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nires t	signed	Health	W.S. 2
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TENC	TOR	after	28 le
JR A	IREC	SUNC	20

FEB 21

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last	0. 0 -	CERTIFIC	CATE OF	DEATH	REG. NO.	E	3. TIME OF GEATH
Mary 1	1. DUFF	1149-to1	7		2 2C		90 5 5 A
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTNPLACE (State or Foreign
214-24-6254	1 □ M 2 XXF 83	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 11-7-19(06	Marvland
90. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF DI		4	NTY OF DEATH
ST. JOSEL	14 1doch	ital	Tou	soul		6	ALTO. CO.
RESIDENCE OF DECEDENT	10-1			7			
10a. STATE 16b. COUN			TOWN OR LOCA	TION			16d. INSIDE CITY LIMITS?
Maryland Balt	timore Co.	TOV	vson				1 TES 2 NO
	5.5.6			21204			ZEN OF WNAT COUNTRY?
1640 Naturo Ro	12. WAS DECEDENT EVER IN	ILLE ADMED	-		NO ODIONIO (C		S.A.
1 Never Married 2 Married	FORCES? 1 TYES	XXNO	If yes, se	pecify Cuban, Mexica	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.)	or No-	14. RACE — American Indien, Black, White, etc.
3 Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYE	S 2X XNO Specific	у:		Specify: White
15. DECEDENT'S EL	DUCATION	16a. DECEDENT'S L	SUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/IND	
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we life. Do NOT use	ork done during m retired.)	ost of working			
12 Years	l Year	Housev	vife		Home		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)	
Frederick	Ε.	Beall		Mary		Linn	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip	(Code) 21234
Samuel J. Buff	Fington						Maryland
20a METNOD OF DISPOSITION 1 Burlei 2 Cremetion 3 Re	20t	. PLACE OF DISPOSI	TION (Name of ce	emetery, cremetory or	26c. LO	CATION -	City or Town, State
4 Donation 5 Other (Specify)	Me	eadowric	dge Mei	morial	Park Hov	vard	Co., Marylar
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME A	ND ADDRESS OF FA	Johnson J	. A . I	Funeral Home
1/1/1/2	21/1/						wson, MD21204
23. PART I. Enter the diseases, o	r complications that cause	the death. Do no	ot antar tha m	oda of dying, aud	ch aa cardiac or reap	ratory an	reat, Approximata
ahock, or haart fallur	e. List only one cause on e	ach lina.					Interval Batwa Onset and Dec
IMMEDIATE CAUSE (Final diaeaae or condition	Bra	in Do	da				5 min
resulting in death)	DUE TO (OR-AS A	CONSEQUENCE OF): ,	1			, ,
	- Ca	advoses	pirat	ony A	west		110 run
Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF):	1.4	1-1	7	,
		111/	Lun.		1/	A CV	
if any, leading to immediate cause. Enter UNDERLYING	a 10		100	andra	& Just	NV	ton
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disassa or Injury that initiated evants	a Ac	CONSEQUENCE OF): (anche	I Inf	200	ton
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a Ac	CONSEQUENCE OF): (ancella	I Inf	200	con
If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. DUE TO (OR AS A			ng cause givan in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDING
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disassa or Injury that initiated evants	c. DUE TO (OR AS A dd	out not reaulting in		ng cause givan in	PERFO	RMED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION DE CAUSE
If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. DUE TO (OR AS A	out not reaulting in		ng cause givan in		RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATN?
If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. DUE TO (OR AS A dd	out not reaulting in		ng cause givan in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. DUE TO (OR AS A dd	out not reaulting in	n the underlyli		1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATN?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions to the condition of the condi	d. DUE TO (OR AS A doma contributing to death be empty (les	iut not resulting li	28. F	PLACE OF DEATN (C)	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATN?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions to the condition of the condi	d. DUE TO (OR AS A doma contributing to death be empty (less the second of the second	out not resulting in	28. F OTHER: 4 \(\text{Nursing No.} \)	PLACE OF DEATN (C)	PERFOI 1 YES heck only one) 6 Other (Specify)	NO NO	AWALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 VES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diases or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition of the condit	d. DUE TO (OR AS A d. HOSPITAL: 1 Inputent 2 = ER/Outp 288. DATE OF INJURY (Month., Day, Year)	iut not resulting li	28. FOR THE PROPERTY OF THE PR	PLACE OF DEATN (C) me 5 ☐ Raeldenca lutry AT ORK?	PERFOI	NO NO	AWALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 VES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disases or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition of the condi	DUE TO (OR AS A d. DOES CONTributing to death b CONTRIBUTION HOSPITAL: 1 Inpetient 2 ER/Outp 288. DATE OF INJURY (Month, Day, Year)	postlant 3 DOA	28. F OTHER: 4 □ Nursing No E OF Use. W M 1 □	PLACE OF DEATN (C) me 5 Residence JURY AT ORK? YES 2 NO	PERFOI 1 YES heck only one) 6 Other (Specify) 28d. DESCRIBE NOW	NO NO	AWALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 VES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are selected to the select	DUE TO (OR AS A d. done contributing to death b CONTRIBUTE HOSPITAL: 1 Impetient 2 = ER/Outp (Month, Day, Year) 28a. PLACE OF INJURY (building, atc. (Special contribution)	patient 3 DOA 28b. TIME	28. F OTHER: 4 □ Nursing No E OF Use. W M 1 □	PLACE OF DEATN (C) me 5 Residence JURY AT ORK? YES 2 NO	PERFOI 1 YES heck only one) 6 Other (Specify) 28d. DESCRIBE NOW	NO N	AWALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 VES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are supported by the condition of the condition of the condition of the condition of the cause of the	DUE TO (OR AS A d. lona contributing to death b entry (Is Inpetient 2 = ER/Outs (Month, Dey, Year) 28a. PLACE OF INJURY building, atc. (Special	patient 3 DOA 28b. TIME INJU	26. F OTHER: 4 Nursing No E OF PRY M 1 Ireet, factory, offi	PLACE OF DEATN (C) me 5 Residence lighty AT ORK? YES 2 NO	PERFOI 1 YES 6 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State)	NO NO	AWALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO CURED
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are successful to the condition of the conditi	DUE TO (OR AS A d. lona contributing to death b CONTRIBUTE 1 Inpetient 2 ER/Outs (Month, Dey, Yber) 28a. PLACE OF INJURY building, atc. (Spec	patient 3 DOA 28b. TIME INJU At home, farm, st	28. F OTHER: 4 Nursing No E OF 2ac. IN RRY M 1	PLACE OF DEATN (C) me 5	PERFOI 1 YES 6 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State) a to the cause(a) end ma	NO N	AWALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 VES 2 NO CURED Tor Rural Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diagase or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are supported by the condition of the conditions are supported by the conditions are suppo	DUE TO (OR AS A d. DOE TO (OR AS A d. DOE TO (OR AS A d. DOE TO (OR AS A DOE TO (OR	patient 3 DOA 28b. TIME INJU At home, farm, st	28. F OTHER: 4 Nursing No E OF 2ac. IN RRY M 1	PLACE OF DEATN (C/C) me 5 Residence NURY AT ORK? YES 2 NO ice te and place, and du desth occured at thi	PERFOI 1 YES 1 YES 1 Other (Specify) 26d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State) a to the cause(a) end ma a time, date and place, as	and Number	AWALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 VES 2 NO CURED To a Rural Route Number, ted. the cause(a) and manner sa steled
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are successful to the condition of the conditi	DUE TO (OR AS A d. DOE TO (OR AS A d. DOE TO (OR AS A d. DOE TO (OR AS A DOE TO (OR	patient 3 DOA 28b. TIME INJU At home, farm, st	28. F OTHER: 4 Nursing No E OF 2ac. IN RRY M 1	PLACE OF DEATN (C) me 5	PERFOI 1 YES 1 YES 1 Other (Specify) 26d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State) a to the cause(a) end ma a time, date and place, as	and Number	AWALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 VES 2 NO CURED Tor Rural Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diagase or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are supported by the condition of the conditions are supported by the conditions are suppo	DUE TO (OR AS A d. DUE TO (OR AS A d. DOIS TO (OR AS A d. DOIS TO (OR AS A d. DOIS TO (OR AS A DOIS TO (OR AS A	postlent 3 DOA 28b. TIME INJU At home, farm, st	28. f OTHER: 4 Nursing No OF Pac. In MRY M 1 1 Irreet, factory, off	PLACE OF DEATN (C/C) me 5 Residence NURY AT ORK? YES 2 NO ice te and place, and du desth occured at thi	PERFOI 1 YES 1 YES 1 Other (Specify) 26d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State) a to the cause(a) end ma a time, date and place, as	and Number	AWALABLE PRIOR TO COMPLETION DF CAUSIDF DEATH? 1 YES 2 NO CURED TO A Rurel Route Number, ted. the cause(s) and manner as stelections.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 7:00 P 2 4 RUTH ANNA BENDER 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS 1 M 2 F YRS. 204-16-7097 3/23/23 JOHNSTOWN, PA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE 77 LANGLEY ROAD ESSEX RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 1 YES 2 NO MD. BALTIMORE ESSEX FUNERAL 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21221 U.S.A. 77 LANGLEY ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No-It yes, specify Cuben, Mexican, Puerio Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BY 3 Wildowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) DANIEL GEORGE RICHARDSON DELLIS FARABAUGH BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 83C Fenway North, Baltimore, Md. 21221 RENE ZIEMBA (daughter) 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, Stata 1 Buriel 2 Cremation 3 Removal from State 4 1 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD, BALTO., MD. 21201 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart feliure. List only one cause on each line. Onset and Death **IMMEDIATE CAUSE (Fine)** diseese or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) EVENE COronary artery disease + acrtic stemosis CERTIFICATION Sequentielly list conditiona, If eny, leading to immediate cause. Enter UNDERLYING Antopiosalers S Due to (or as a consequence of): VEEUC CAUSE (Disease or tnjury that initiated events reaulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL PERFORMED? COMPLETION OF CAUSE Emphysoma 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Techlers MID
PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) L. Tellenders 2 Franklin Square Dr. Ratto. 21237, MD Tecklenhera

BALTMORE, MARYLAND 21203-3146 attending p use as Por hospital the hospital e detached fr 5 should be o BOX 13146, and com o burial, physician pe certificate attending phy ental Hygiene p P.O. death o the atten RECORDS, the Health and that been pt. of I s certificate has ber th the State Dept. MP. OF VITAL The the this c After t DIVISION ATTENDING

Pages 1, 2, 3

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BALLIMORE, MARYLAND	is after death. Page 6 may be retained by the hosp	illied in by the funeral director, page 5 should be detachen, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within its after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furlector, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND		OF HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	hNH. Clark			2. DATE OF DEATH MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-67-577/	5. SEX 1 M 2 F 8. AGE (In yrs. In:	YRS. IF UNDER	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	2 8.8	BIRTHPLACE (State or Foreign Country)
OR	BON DE COURS	eet and gumber) Hosp, tal	9b. CITY	a Hmore	EATH	9c. COUNTY	OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN	or Location			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	in Road	I DUIT	101. ZIP CODE	7	10g. CITIZEN	1 YES 2 NO
FUNERAL	11. MARITAL STATUS t Never Merried 2 Married	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2	NO	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specify	an, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc.
red BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of	CATION 18e. DI	ECEDENT'S USUAL O	CCUPATION during most of working	16b. KIND OF BU		Black
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	n. Do NOT use retired.)				
BE CO	17. FATHER'S NAME (First, Middle, Lest) Edward (Clark		18. MOTHER'S N	ME (First, Middle, Malder 1 C	Surname)	
10	190. INFORMANT'S NAME (Type/Print) Frances Me	Neely	6309	S (Street and Number or Aural	Route Number, City or Tov	Balto	rd 2/207
	20e, METHOD OF DISPOSITION 19 Burlel 2 Cremetton 3 Remo	oval from State other p	Wester	orne of cometent eremetory or	Cem Co. L	atons u	or Town, State
	21. BIGHATURE OF FUNERAL SERVICE LICE	narch	22.	NAME AND ADDRESS OF FI	H. West		
	23. PART I. Enter the diseases, pr ciechock, or heert feilure. I. IMMEDIATE CAUSE (Finel disease pr condition resulting in death)	DIE TO (OR AS A CONSE	nes	r the mode of dying, suc	ch aa cardiac Dr reap	iratory errest,	Approximate interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	QUENCE OF):				
CERTIFICATION	CAUSE (Disease or injury thet initieted events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):				
PHYSICIAN: MEDICAL CE	PART II. Other eignificent conditions		reculting in the u	nderlying cause given in	Part I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE				
	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outpatient : 28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e, PLACE OF INJURY — At h- building, etc. (Specify)	ome, ferm, street, fed		281. LOCATION (Street City or Town, State	and Number or F	Bural Routa Number,
COMPLET	one)	CIAN: To the best of my knowledge, d					puse(e) end menner ee stated.
B	29b. SIGNATURE AND TITLE OF CERTIFIER	10		Da So	44	10/	GNED (Mogth, Day, Yeer)
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print)	n fran	Horpely	4	
	FEB 21 1990	12 REGISTRAR'S SIGNATURE	della				

and, page 5-should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 sours after death. Pag. TO THE FUNERAL DHECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral din be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

JULIA

C.

GOODIN, MD

32. REGISTRAR'S SIGNATURE

CHERY	L V.		CON	LEY		MONTH	14-90	NY Y	YEAR 3.	6:50AM
s social security number 215-74-1208	5. SEX	6. AGE (In yrs. In 23		IF UNDER (YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	66	Country)	ACE (State or Foreign
905 N. Carey S		10.00			more Cit			9c. COUNT	Y OF DEAT	гн
DO. STATE 10b. COUNT	rv .			TOWN OR LOC Balto.						DI. INSIDE CITY LIMITS?
o. STREET AND NUMBER 1428 McCulloh	Street				21217			10g. CITIZE	N OF WHA	YES 2 NO
I. MARITAL STATUS	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO	If yes, :	ECENDENT OF HISPA apocify Cuban, Maxico ES 2 NO Specific	an, Puerto F	I? (Specify Yea Rican, etc.)	or No- 1		American Indian, White, etc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5	2		SUAL OCCUPATION done during retired.)		18b.	. KIND OF BUS	SINESS/INDUS	STRY	
7. FATHER'S NAME (First, Middle, Lust) Herman Conley					16. MOTHER'S NA			Surname)		
Shirley Conley			DE MAILING /	LODRESS (Street LANGE)	ulloh Sti	reet	Balto	n, State, Zip C	2121	7
0a. METHOD OF DISPOSITION X Burlal 2 Cremation 3 Rei Donation 5 Other (Specify)	movel from State	20b. PLACE other p	of Disposi	TION (Name of a	cometery, crematory or cemetery			cation - ci		, Stata
1. SIGNATURE OF FUNERAL SERVICE L	MARCA	1		22. NAME Mar	and address of F/ ch F/H We Wabash	est	110			
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	Gunsh	ot wound	e. d to 1	eft si	de of hea					Approximate Interval Between Onset and Deat
resulting in death)	ok Auk	AOR ASMACONSI	ADVEROK DE	X WOU	ind to che			se ran	ge G	unshot
	b	(OR AS A CONSI	EQUENCE OF)	:				se ran	ge G	unshot
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSI	EQUENCE OF)	r.	ind to che	Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b. W	
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO c. DUE TO d. DOE TO	(OR AS A CONSI	EQUENCE OF)	26. OTHER:	Ing cause given in	n Part I.	24s. WAS AN PERFOR	AUTOPSY MED?	24b. W A C D XXI	FRE AUTOPSY FINDINGS WALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXXYES 2 NO 27. MANNER OF DEATH 1 Neture Neture	b. DUE TO c. DUE TO d. DOIS CONTributing to HOSPITAL: 1 Inpetient 2 28a. DATE 06 (Month, U) 2-14 28a. PLACE (2	(OR AS A CONSI	resulting in 200A TIME INJU AM	26. OTHER: 4 Nursing He OF 28c. I RPY M 1	Ind to Che Ing cause given in PLACE OF DEATH (C DOM: 5 Raeldence NUURY AT WORK? YES 2 100	Part I. Theck only or 28d. DE: Su 28d LOC	24a. WAS AN PERFOR	AUTOPSY IMED? INO SCE NJURY OCCL Shot	24b. WARED	FRE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXXYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Investigation	b. DUE TO c. DUE TO d. DIE TO d. DIE TO DIE	(OR AS A CONSI	POUENCE OF) POUENCE OF)	26. OTHER: 4 Nursing Hoof 26c. I 1 1 1 1 1 1 1 1 1	Ing cause given in PLACE OF DEATH (C ome 5 Raeidence NURY AT WORK? YES 2 WO Titce home	heck only or 28d, Det Sul 28f, Loc 6/hy 9 05	24s. WAS AN PERFORMAND	AUTOPSY IMED? SCE NJURY OCCU Shot and Number of Trey Sinner se states	24b. WAR AREA CODE DE L'AREA ROUTE PREPARENTE PREPARENT	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO OMPLETION OF CAUSE FDEATH? YES 2 \(\text{NO}\) NO NO NO NO NO NO NO NO NO NO NO NO N

111 Penn Street, Baltimore, MD 21201

pe must examiner systician and completely filled in by the prior to burial, cremation, or removal. medical the event. traumatic has been signed by the attending physician Dept, of Health and Mental Hygiene prior to other Or Injury. shows any 23 this certificate h item 10 marked,

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VITAL RECORDS,

OR ATTENDING PHYSICIAN:

death After

28 is

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: II Item 28 is

DIVISION OF

2-22-90 cm FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH YEAR Matilda Augusta (laridge 02 90 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8, BIRTHPLACE (State or Foreign DAYS 220-14-0969 HOURS 1 M 2 F YRS. 03 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Try Hall Nursing Home Middle River Baltimore DIRECTOR RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore 1 YES 2 NO 10s. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1005 S. Belnord Avenue 21224 U.S.A. 12. WAS OFCEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, specify Cuben, Maxicon, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TYES 2 NO Specify: 8 White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e, OECEGENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Housework At Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Maximilian Matzdorf Mathilda Berger BE 19a. INFORMANT'S NAME (Type/Print) 0 Russell J. St. Balto. Md. (laridge 20e. METHOD OF DISPOSITION
1 & Burlel 2 Cremetion 3 Removal from State First United Evangelical 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Charles S. Zeiler & Son Inc. Eastern Ave. 23. PART I. Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, Approximete shock, or heart taliure. List only one cause on each ilne Interval Batwean Onset and Daeth IMMEDIATE CAUSE (Final disease or condition resulting in daeth) CERTIFICATION Sequentially list conditions. if any, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury RIOSCHERO that initiated evants resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL T YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one, **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural M 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0

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ulieral c	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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ATTEL	death	E III S
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	hours	Hem

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART			MENTAL	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las MOTTIS	U	7	Curry		2. DATE (OF DEATH DAY 16	YEAR 90	3. TIME OF DEATN 8:05 A.
4. SOCIAL SECURITY NUMBER 218-44-3834 9a. FACILITY NAME (If not institution, give	15 M 2 🗆 F	44 YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. PR LOCATION OF DE	2/4	Day, Year)	Cou	ornelace (State or Foreign intry) aryland
2708 W. Mosher				timore	EATH	96.	COUNTY OF	DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN MD 6 10c. STREET AND NUMBER	пу	10c. CITY,	TOWN OR LOCAT	nore				10d. INSIDE CITY LIMITS? 1 YES 2 NO
2709 W. Mosh	er Street		101	21216		100	U .	F WHAT COUNTRY?
11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF NISPAI ecity Cuben, Maxica 25 NO Specif	an, Puerto R			ACE — American Indian, ock, Whita, etc.
15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mo		16b.	Unemp1		
17. FATNER'S NAME (First, Middle, Last)		<u> </u>		16. MOTHER'S NA	AME (First, M	liddle, Maiden Surni	ıme)	
Roland Curr	У					arby		
Cassie Yarby				nd Number or Rural				21216
20e. METNOD OF DISPOSITION		2 / U S	TON (Name of cer	osher S	t. E	20c. LOCATIO	DN — City or	ZIZIO Town, State
23. PART I. Enter the diseases, c shock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Seizure D	each line. Disorder	t enter the mo				Home	1721-27 N. Monroe Approximate Interval Betwee
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF): Alcoholism S A CONSEQUENCE OF): S A CONSEQUENCE OF):						
PART II. Other significent condition Hypertensive				g csuse given in	Part I.	24a. WAS AN AUTO PERFORMED 1 YES 2 1	NO	246. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATN? 1 1 X YES 2 NO
25. WAS CASE REFERRED TO MEDICAL						(HEAD O	NLY)	
EXAMINER? 1 X YES 2 NO	HOSPITAL:	admetions 2 000	OTHER:	ACE OF DEATH (C)				
27. MANNER OF DEATN	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	OF 28c, INJ		_	CRIBE NOW INJUS	RY OCCURED	
1 Natural 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not i	28e. PLACE OF INJU	JRY — At home, farm, str	M 1 🗆	rES 2 NO	281. LOCA	ATION (Street and Nor Town, State)	lumber or Rur	al Route Number,
cool cony	YSICIAN: To the best of my kn							e(s) and manner as stated
291. THURATURE AND TITLE OF DESCRIPTION	J€R			29c. LICENSE NU	IMBER	29	d. DATE SIGN	IED (Month, Day, Year)
	mp			OCM	E	•	2-3	16-90
30 NAME AND ADDRESS OF PERSON Frank J. Pere		OEATH (ITEM 27) (Type, I		Penn St	., Ba	lto., M	d. 2	1201
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		111	Penn St	., Ba	itto., M	u. 2.	LZUI

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of by the hospital or argending physician.

	* REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) GAGANDEEP C	HANA		Entif	TOAT	LOF	DEATH	2. DA	REG. NO	19.	YEAR 1990	3. TIME OF DEATH
55	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. I	ast birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 I	IRS. 7. DA	TE OF BIRTH onth, Day, Year)	17.	6, BIRTI	HPLACE (State or Foreign try)
TOR	9e. FACILITY NAME (If not institution, give THE JOHNS HOPKI		ral .				ORE CI	OF DEATH	10-09	9c. CC	DUNTY OF C	
FUNERAL DIRECTOR	10a. STATE 10b. COUNT		0.0			OR LOCAT	TION					10d. INSIDE CITY LIMITS?
	Maryland Bal	timore		1.10	wsor	· · · · ·	I. ZIP CODE			10a C	ITIZEN OF	1 ☐ YES XX NO
HA	8313-D Loch Ray	ven Blv	d.				1204				S.A.	
BY FUN	11. MARITAL STATUS X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED		AMED	13.	. WAS DEC	CENDENT OF H		GIN? (Specify Ye to Rican, etc.)		14. RACI Blac Spec	E — American Indian, ck, White, atc.
	15. DECEDENT'S EDI (Specify only highest grad	JCATION COMPANY		ECEDENT'S			ON ost of working		16b. KIND OF BU	SINESS/I		sian
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	-	fe. Do NOT L	ise retired.)	st of working					
S O O	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER	S NAME (Fir	st, Middle, Maider	Surname)	
BEC	Balwinder	s.	Ch	ana			Harj	inde	r		Kavr	
10	190. INFORMANT'S NAME (Type/Print) Balwinder S. Ch	nana							umber, City or Tov			21204 Taryland
	20a, METHOD OF DISPOSITION 1		20b. PLAC other	E OF DISPO	SITION (A	lame of cer	metery, cremato	y or	20c. LC	OCATION -	City or To	own, State
- 3					- 22 m +	. 00	m a + a x	7.5	Do			Manager 1 man
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	1016	en Mo			meter		Ba	lti	more	,Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		en Mo	22 V	NAME AL	iam E	F FACILITY	hnson,	P.A	.Fun	eral Home
	23. PÁRT I. Enter the diseases, Dr	complications th	et celused the	death. Do) 22 W	NAME AT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	iam E Loch	F FACILITY Jo	hnson, en Bly	P.A	.Fun	eral Home
	· feller	complications the List only one ce	et celused the	death. Do	npt ente	NAME AT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	iam E Loch	F FACILITY Jo	hnson, en Bly	P.A	.Fun	eral Home
ATION	23. PART I. Enter the diseases, Dr shock, Dr heart failure. IMMEDIATE CAUSE (Finel disease Dr condition resulting in death) Sequentielly list conditions, if any, leeding to immediate	complications the List only one ce	et ceused the duse on each lie	death. Do	npt ente	NAME AT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	iam E Loch	F FACILITY Jo	hnson, en Bly	P.A	.Fun	eral Home
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PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, preshock, present failure. IMMEDIATE CAUSE (Finel disease presenting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease prinjury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF VEATH 1 Netural 5 Pending	complications the List only one ce s	et ceirsed the cuse on each ill O CA CONS O (OR AS A CONS O (OR AS A CONS O death but not	death. Do ne.	DF): OTHE	INAME AI VI 1 1 1 3 5 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	iam E Loch de of dying	PACILITY JO Ray such es c	hnson, en Bly ardiac or resp Y DDD 24a. WAS AI PERFO 1 YES	P. A. Tolratory	Fun OWSO errest,	AMLAGLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
. 1	23. PART I. Enter the diseases, preshock, present failure. IMMEDIATE CAUSE (Finel disease presented by the condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease prinjury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death cause. Examiners and cause cause. Enter UNDERLYING CAUSE (Disease prinjury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINERS 1 YES 2 NO 27. MANNER OF CEATH	b. DUE TO d. HOSPITAL: 11 Inpatient 2 28e. PLACE	et ceused the cuse on each ill O COR AS A CONS O (OR AS A CONS	death. Do ne.	DF): OF): OF):	INAME AI VI 1 1 1 3 5 2 1 or the mo	PADDRESS I AM E Loch Dide of dying of dying of dying of dying of dying of dying of did not be a selected of deal of dying of did not be a selected of deal of did not be a selected of did not be a	on in Part i	hnson, en Bly ardiac or resp Y DDD 24a. WAS AI PERFO 1 YES	P. A. d. T.	Fun OWSO errest,	Approximate interval Betwee Onset and Deer Onset On

32. REGISTRAR'S SIGNATURE

Davidson Andre

31. DATE FILED (MONTH, Day, Year)
FFB 21 1990

TLE OF CENTUFIER

THE STATE OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FOR A HOS 29d. DATE SIGNED (Month. Day, Year) Wolfe

LAND 21203-3146

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The second second		notified
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CONTROL AND CONTROL OF THE CONTROL O		i item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
in the second	! hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical
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105	hours	Item

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	0.	
1. DECEDENT'S NAME (First, Middle, L	ast)	Y			2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH
INES	I.	CADI	GAL		Feb'. 17	, 19	90 12:05
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Fort Country)
219-92-3839 9. FACILITY NAME /# not institution, s	1 M 2 E 8	7 YRS.		OR LOCATION OF D	4-20-19 EATH		Philippine INTY OF DEATH
St. Joseph Ho	spital	TAL	Towso	n		Ba1	timore Co.
10e. STATE 10b. CO		10c. Cl	TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
Maryland		Bal	timore				1X XYES 2
10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITI	IZEN OF WHAT COUNTRY?
1210 E. Belve	edere Ave.			21239		U.	S.A.
11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	s XXNO	if yes, s 1 ☐ YE	CENDENT OF HISPA pecify Cuban, Mexic S 2 NO Speci ilippin		ne or No—	14. RACE — American India: Black, White, etc. Specify: Oriental
15. DECEDENT'S (Specify only highest	grade completed)	16a. DECEDENT'S (Give kind of Ille. Do NOT	S USUAL OCCUPAT work done during m use retired.)	ION lost of working	16b. KIND OF B	USINESS/IND	
Elementary/Secondary (0-12) 12 Years	3 Years	Nurse			Medic	a 1	
17, FATHER'S NAME (First, Middle, Las		INGIBE		18. MOTHER'S N	AME (First, Middle, Maide		
Tranquilino	·	Imbreso		Telesf			laga
19e. INFORMANT'S NAME (Type/Print)			G ADDRESS (Street		Route Number, City or To		
Florentino V	Cadida1	1210					re, Maryla
20a. METHOD OF DISPOSITION		10b. PLACE OF DISPO					City or Town, State
1X Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify)	Removal from State	other place)		terv			Co., Maryla
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	Parkwoo		AND ADDRESS OF F		100.	CO., Maryra
All III	20 ///		Will	iam E.	Johnson,	P.A.	Funeral Ho
23. PART I. Enter the discesses,	to fell of						wson, MD212
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENCE	on: 3		~		hon
PART II. Other significant cond		but not resulting	In the underlyi			AN AUTOPSY ORMED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF C DF DEATH?
25. WAS CASE REFERRED TO MEDIC			26.	PLACE OF DEATH (C	check only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL:	utpetient 3 DOA	OTHER:	me 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJUR	Y 28b. TI	ME OF 28c. II	IJURY AT	28d, DESCRIBE HOV	V INJURY OC	CCURED
1 Natural 5 Pending	(Month, Day, Yea	"		ORK? YES 2 NO			
2 Accident Investigation 3 Suicide 8 Could not determine	28e. PLACE OF INJU building, etc. (S	RY — At home, farm pecify)	, street, factory, off	ice	26f. LOCATION (Street City or Yown, Sta		er or Rural Route Number,
nool only	PHYSICIAN: To the best of my kn						
29b. SIGNATURE AND TITLE OF CER	TIFIER			29c. LICENSE NO	IMRER	204 041	TE SIGNED (Month, Day, Year)
N O O		2		are, Electrica No		D	2 1 2 6
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CALLES OF	DEATH OTEM 27 (T-	no Print!				0111111
SW. HAME AND ADDRESS OF PERSO	WIND COMPLETED CAUSE OF	DEATH (ITEM 21) (IV)		72			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	CHATURE CONTRACTOR	40	15	ws w		

ST JUSEPH HUSEING TENSON

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ay is retained by the hospital or attendin	page 5 (hould be detached for use as the	be neutifed at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may is retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 found be detached for use as the flad within 20 hours after death with the State Derl. of Health and Mental Knohene prior to broad companion, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR		STATE OF MA			TMENT OF		MENTAL	HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, MARGAR)		CREELMAN		1			MONTH	OF OEATH DAY	7 10	YEAR	3. TIME OF DEATH 7: 30 A M
4. SOCIAL SECURITY NUMB			. AGE (In yrs. Is	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTA	4/1		PLACE (State or Foreign
220-12-6387		1 M 2 F	88	YRS.	MONTHS DAYS	HOURS MIN.	10-	3- 01		Ma ₁	ryland
9e. FACILITY NAME (If not in:	stitution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF I	DEATH		9c. COU	NTY OF DE	
12 Nightin	ngale	Way			Luther	ville			Ba1	timoı	re
10a. STATE	10b. COUNT				, TOWN OR LOCA				7		10d. INSIDE CITY LIMITS?
Maryland	Balti	more		Luth	nerville	H. ZIP COOE			10 - CITI		1 TES 2 NO
12 Nighting	rolo li	losz									HAI COUNTRY?
11. MARITAL STATUS	gare m	12. WAS DECEDENT	EVER IN U.S. A	RMFO		21093 CENDENT OF NISP	ANIC OBIGIN	2 (Specify Yea	U.S	1.0.1.	- American Indian,
1 Never Married 2 X 3 Widowed 4 Olyo		FORCES? 1 [IF YES, GIVE WAI	YES 2X		If yes, s	pecify Cuben, Mexic S 2 X NO Spec	can, Puerto F			Specify Whi	, White, atc. y:
15. DEC	EDENT'S EDU highest grad	JCATION a completed)	16a. D	ECEDENT'S	USUAL OCCUPAT	ION net of working	16b.	KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0		College (1-4 or 5+)	in	e. Do NOT us	e retired.)	oat or working					
10 yrs			Н	ousewi	ife			Own Hor	me	1 1	
17. FATNER'S NAME (First, M	iddle, Last)					18. MOTNER'S N		fiddle, Maiden S	Surname)		
Andrew		Will				Adela:	ide		De	enges	3
19a. INFORMANT'S NAME (7			1	9b. MAILING	ADDRESS (Street	and Number or Rura	I Route Numb	oer, City or Town	n, State, Zip	Code)	
William Hov				12 N	ighting	ale Way	Luthe				
20a, METHOD OF DISPOSITI	n 3 🗆 Ren	noval from Stata	20b. PLACI	OF OISPOS	re 2-20	ometery, crematory of	, 5000			City or Toy	
4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		CENSEE	Drure	RIGE		IND ADDRESS OF I	FACILITY	PIK	esvi.	lle,	Md.
	1	/ //				Towson 1		al Home	e. Ir	ıc.	
23. PART I. Entar tha d	~ A:	my			1050	York Rd	. Tows	son. Mo	d. 21	1204	
immediate cause (Fir disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or inju	dona, dilata	b	PR AS A CONS								Onset and Death
that initiated avents resulting in death) LAS		DUE TO (C	PR AS A CONS	EOUENCE OF):						
PART II. Other signifies	nt conditio	na contributing to d	eath but not	resulting i	n the underlyi	ng cause given i	in Part I.	24a, WAS AN PERFOR 1 TYES 2	MEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	MEDICAL	HOSPITAL:			26.	PLACE OF OEATN	Check only on	99)			
1 TES 2 LNO		1 Inpatient 2		3 🗆 DOA		me 5 hesidenc	e 6 🗆 Othe	r (Specify)			
	Pending Investigation	28s. OATE OF II (Month, Day		26b. TIMI INJ	URY	JURY AT ORK? YES 2 NO	28d. DES	CRIBE HOW II	NJURY OC	CURED	
	Could not be determined	28e. PLACE OF building, a	INJURY — At I	nome, farm, s	treet, factory, off	ce	28f. LOC City	ATION (Street a or Town, State)	and Number	r or Rural R	oute Number,
onel		SICIAN: To the best of n) and menner ee stated.
29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	cks.	HOZA	OF DEATH (IT	EM 27) (Type,	Print)	29¢. LICENSE N	1938	3	29d. OAT	E SIGNED	(Month, Day, Year)
31. DATE FILEO (Month, Day,	POS F	32. REGISTRAR	'S SIGNATURE	e1/1	mD-	501	bk	Rd-1	ays	con)	21204
rrp 21 1	990	Lati Kaindry	n-Mande								(

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 victors after death. Page a min for returning by the biospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimensions after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
13146,	xecuted within	and complete burial, crema	ratic event,
BOX	ificate be e	physician a	her traum
, P.O.	death cen	ental Hygi	iry, or o
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the	been signed by the	shows any inju
VITAL	IAN: The law	rtificate has re State Dep	or item 23
1 OF	3 PHYSIC	er this ce	arked,
NOISINIC	OR ATTENDIN	DIRECTOR: After dea	item 28 is m
J	TO THE HOSPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If I

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OIME OF IN	CERTI	FICATE OF	DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last) HENGLASOO		MANK	TP		2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-32-1379	5. SEX	6. AGE (In yrs. lest birthda	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-5-39	8. BIR	THPLACE (State or Foreign ntry)
TOR	90. FACILITY NAME (If not institution, give st 3915 Liberty RESIDENCE OF DECEDENT	HgTS	Apt TI	96. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
DIRECTOR	10e. STATE 10b. COUNTY		10c. (BALT	ATION -			10d. INSIDE CITY LIMITS? YES 2 \(\square\) NO
FUNERAL	10e. STREET AND NUMBER 3915 L'beaty 11. MARITAL STATUS	HighT	s Ave	APT	01. ZIP CODE 2/2	07	2,	WHAT COUNTRY?
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced		EVER IN U.S. ARMED VES 2 NO AR OR DATES ARM 1	If yes,		NIC ÓRIGIN? (Specify Ye en, Puerto Ricen, etc.) fy:	Bio	CE — American Indian, ick, White, etc. gc/y:
COMPLETED	15. DECEDENT'S EDUC (Specify only bighest grade	CATION completed) College (1-4 or 5+)	/(Give kind life, Do NO	T'S USUAL OCCUPA: of work done during in T use retired.)	TION nost of working	16b. KIND OF BU	JSINESS/INDUSTRY	
BE COM	17. FATHER'S NAME (FIRST, MIDDIE, LOST) HENCERSON	Clark	SR,		18. MOTHER'S NA	AME (First, Middle, Maider	Goldba	raug L
TO B	190. INFORMANT'S NAME (Type/Print) AMA Lewi	5	19b. MAIL.	O / LVD	her Rest	Route Number, City or Tox	Mn, State, Zip Code)	. 10
	20e. METHOD OF DISPOSITION Surial 2 Cremetion 3 Remo		20b. PLACE OF DIScother place)	rangite widow the said	MEM F	OK B.	A LA	Town, State
	21, SIGNATURE OF FUNERAL SERVICE LIC	Funera	1 Hme	1/2	AND ADDHESS OF F	JARA/in	e 5/	
	23. PART I. Enter the diseases, or canock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause		otico				Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Obe	OR AS A CONSCOUENCE		litus			
DICAL	PART II. Other significant condition	s contributing to	death but not resulting	ng in the underly	ng cause given in		PRMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)		
PHYSICIAN: ME	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending		INJURY 28b.	TIME OF 28c. I	NJUR AT YORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	
TED BY	Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At home, fer etc. (Specify)			281. LOCATION (Street City or Town, State		al Route Number,
COMPLETED	one)		my knowledge, death occumination and/or investig					e(e) end menner se stated,
TO BE C	29b. SIDIATURE AND TITLE OF CERTIFIER	nee	m		D 33	588	29d. DATE SIGN	ED (Month, Day, Year) 20—90
_	30. NAME AND ADDRESS OF PERSON WH	ence h			Belve	dereA	re, Ba	lt, MD21265
		P. Committee						

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with	nplete	crem	vent
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SICIA	certif	T the	I or
PHY	this .	1 with	rkan
DING	After	death	e ma
TTEN	STOR:	after	28 1
. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after deat	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked or item 23 shows any injury or other traumatic event the medical exa-

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART			MENTAL HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) ANTHONY	Joseph	1	DORN	Sr.	2. DATE OF DEATH DAY 2-19-90	Y YEAR	3. TIME OF DEATH 1:37AM M
	4. SOCIAL SECURITY NUMBER 213-03-0177 9a. FACILITY NAME (If not institution, give st	1½ M 2 □ F 77	YRS.		IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE		9c. COUNTY OF	NTHPLACE (State or Foreign Intry) Mod a
DIRECTOR	1005 S. Bouldin	Street			more Cit	У		
	1ºRCa	پیچان که که دی که		Baltimo	re			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1005 S. Bouldin	Street		10	21224			S.A.
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 ☐ YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp		NIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.) y:	B	ACE — American Indian, ack, White, atc.
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION 1 completed) College (1-4 or 5+)	life. Do NOT use	rk done during mo		Revere	Copper	
BE CO	17. FATHER'S NAME (First, Middle, Lest) Bernard Doru	r				ME (First, Middle, Maiden : an Klass	Sumame)	
TO E	1991. INFORMANT'S NAME (Type/Print) Elizabeth F. Doru	n	19b. MAILING A	S. Bould	in St. E	Route Number, City or Town Balto, Md.	, State, Zip Code) 21224	
	20a, METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Remote A Donation 5 Other (Specify)		ther place) Cred Hea		netery, crematory or lesus (em		dalk, M	
	21. SIGNATURE OF FUNERAL SERVICE LIC	5- July		22. NAME A	ND ADDRESS OF FA	CILITY	Inc. 6	224 astern Ave.
CERTIFICATION	23. PART i. Enter the diseases, or cashock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	B. Hypertensiv Due to (or as a c	h line. re arteri	ioscler				Approximata interval Between Onset and Death
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):					
: MEDICAL	PART II. Other algorificant condition	s contributing to death but	not resulting in	the undarlyin	g cause given in	Part I. 24a. WAS AN PERFOR 1 VES 2	MED? ∰NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES X NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch	eck only one)		
BY PHYSICIAN	27. MANNER OF DEATH XXXIII 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Outpet 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	IURY AT DRK? YES 2 NO	a Other (Specify) 28d. OEŞCRIBE HOW II	NJURY OCCURED	
ETED 8	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, atc. (Specify	- At home, farm, at	reet, factory, offic	: •	281. LOCATION (Street a City or Town, State)	ind Number or Rui	al Route Number,
COMPLE	(or our or or	CIAN: To the best of my knowled R: On the basis of examination of						se(s) and manner as stated.
TO BE	296 SIGNATURE AND TITLE OF PERTIFIER	Myll.			29c. LICENSE NU	MBER		MED (Month, Day, Year) -21-90
	30. NAME AND ADDRESS OF PERSON WH MARGARITA A. KORI	ELL, MD			n Street	,Baltimore	,MD 212	01 va
	FEB 2 1 1990 July	32. REGISTRAR'S SIGNAT	URE				3	

Mount of the allers

			REGISTRAR		CERTIFIC	ALE OF DEATH	RE	G. NO.	
		-	1. DECEOENT'S NAME (First, Middle, Last)				2. OATE OF OE MONTH		3. TIME OF OEATH
			4. SOCIAL SECURITY NUMBER	Denn 5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS	7. OATE OF BIR	17 9	BIRTHPLACE (State or Foreign
1			215-10-272	1 M 2 D F	- Property	NTHS DAYS HOURS MIN.	(Ad-oth D-	Year)	Country)
should			Se. FACILITY NAME (If not institution, give	street and number)	91	L CITY, TOWN OR LOCATION OF	12	9c. COUNTY	
2.3		OR	Deaton Hospi	talandMed	ica l'estri	Baltimos	e		
£ .		RECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNT	TY	10c CITY I	OWN OR LOCATION			10d. INSIDE CITY
Page	3	DIR	MD.			timore			LIMITS?
1	1	1	10e. STREET AND NUMBER		24.	101. ZIP COOE		10g. CITIZE	N OF WHAT COUNTRY?
Si	,)	FUNERAL	2828 Wincheste	er Street	1500				U.S.
9	1	FU	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS OECEOENT EVER I	3 NO	13. WAS OECENOENT OF HISP If yes, specify Cuben, Mex	icen, Puerto Ricen,		. RACE — American Indian, Black, White, etc.
314 ing		ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR O	DATES	1 TYES 2 NO Spe	city:		Black
21203-314 lal or attending for use as the		ED	15. OECEOENT'S EO	UCATION In completed	18e. OECEOENT'S US	UAL OCCUPATION a done during most of working	18b. KINO	OF BUSINESS/INOUS	
212 al or for us		E	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	etired.)			
- D	8	COMPL			Se	altest		ired	
LAP by the	at once.		17. FATHER'S NAME (First, Middle, Last) Parlett Der	nia			NAME (First, Middle, e Mae V		
	notified	BE	190. INFORMANT'S NAME (Type/Print)	IIIT2	19b. MAILING AC	OORESS (Street and Number or Rui			ode)
MARN be retained be 5 should	noti	2	Margurete Wood	1	3737 L	ochhearn Dr	ive Ba	Lto. MD.	21207
BA (65)	st be		20e. METHOO OF DISPOSITION	noval from State	b. PLACE OF OISPOSITI	ON (Name of cemetery, crematory of	OV .	20c. LOCATION — City	
BALTIMORE er death, Page 6 may the funeral director, page	r must		4 Donation 5 Other (Specify)		Arbutus	Memorial P		Arbut	us
ALTIN death. P.	examiner		21. SIGNATURE OF FUNERAL SERVICE L	Hector		22. NAME ANO ADORESS OF		1701	27
BAI ter des			Nouna	ALCO (#281	E.L. Phillip	s Funer	al Home	Nonroe
urs aft	5 0		23. PART I. Enter the diseases, or ahock, or heart failure	complications that cause . List only one cause on		enter the mode of dying, a	uch as cardisc o	r respiratory arres	interval Between
filled			IMMEDIATE CAUSE (Final disease or condition	01	11.10	EASI	10 0		Onset and Death
S, within	I, cremation, event, the		resulting in death)	OUE TO (OR AS	A CONSEQUENCE OF:	my Funci	1111		LOAT
13146 executed		z			NKNOW				
	rior to buna traumatic	CATION	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE OF):				
BOX ficate be	C3.	ICA	cause. Enter UNDERLYING CAUSE (Disease or injury	C. OHE TO (OR AS	A CONSEQUENCE OF:				
O Gentl	Hygiene or other	ERTIFIC	that initiated events resulting in death) LAST	OUE TO (ON AS	A CONSCOURNCE OF J.				
death death	701	CE		d			1		
DS at the by the	and Menta y injury,	DICAL	PART II. Other significant condition	one contributing to death	but not resulting in	the underlying cause given	in Part I. 24a.	WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
CORDS uires that the signed by th	Heaith an	EDIC					1 🗆	YES 2 NO	OF DEATH?
W 5 5	5 2	2							1 TYES 2 NO
	12 8	IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)		
	1, or Item	SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou		THER Hursing Home 5 Residen	ce 8 Other (Spe	ctfy)	
OF VI-	with the	РНҮ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		Y WORK?	26d, DEŞCRIBI	HOW INJURY OCCU	REO
		ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO			2-12-11
VISION ATTENDING		ED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Sp	IY — At home, lerm, str ecify)	et, factory, office	City or Tow	(Street and Number or n, State)	Plurai Pioute Number,
DIVISION OR ATTENDING	hours a	LET	290. CERTIFIER	SICIAN: To the heat of my keep	udadaa daath aasumad	at the time, date end piece, end	due to the equation		
PITAL	2 =	MPL	(Crieck Orlly			in my opinion, deeth occured at			
HOSPITAL	within 72 NTANT: II	00	29b. SIGNATULE ND TITLE OF CERTIFI	ER/		29c. LICENSE	NUMBER .	29d. DATE S	SIGNED (Month, Day, Year)
THE CHI	P Ped	BE	James (Auchand	a cus	027		D 21	18/80
	0 5	2	30. NAME AND ADDRESS OF PERSON W	111	DEATH (ITEM 27) (Type, P	rint)	010	25.00	
			GIL S.	al Acres of		satimone,	1.10	4120	
			31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 - FOR STATE REGISTRAR 1. DECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH A 2. DATE OF DEATH JOSEPH DONN 0 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 8/7/01 IF UNDER 1 YEAR IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign 24-1941 1 KM 2 DF DAYS HOURS MIN. 88 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOMEWOOD HOSPITAL CENTER Pages 1, 2, 3 BALTIMORE CITY RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD. 1 YES 2 NO permit. BALTIMORE 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? r attending physician. use as the bunal-transit 3305 PAINE STREET U.S.A. 21211 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No-14. RACE — American Indian, Black, Whita, atc. If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 1 Naver Married 2 Married BY 3 🔀 Widowed 4 🗌 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INOUSTRY Por Elementary/Secondary (0-12) College (1-4 or 5+) detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 5 should be d Te BE nay be retained by notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CAROL SMITH (friend) 3305 Paine Street, Baltimore, Md. 21211 e 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Раде 6 тау 20c. LOCATION -- City or Town, Stata examiner must director, 4 Donation 5 & Other (Specify) in-state removal JI. SICHATURE OF PUBERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 2.15-90 funeral after death. mare STATE ANATOMY BOARD, BALTO., MD. 21201 medical 23. PART/. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between 6 Filed IMMEDIATE CAUSE (Finel Onset and Death disease or condition the SEPSIS completely event, reaulting in death) Сгет OUE TO (OR AS A CONSEQUENCE OF): an and corr executed SEPTIC traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): attending physician a ental Hygiene prior to NEUMONIA the death certificate be CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events 7) resulting in death) LAST 0 the atten Injury. PART II. Other significent conditions contributing to death but not reaulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS MEDICAL has been signed by t Dept. of Health and Wleen PERFORMED? AVAILABLE PRIOR TO · tus that Эпу COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO requires Shows 1 YES 2 NO PHYSICIAN: MP 23 . DR ATTENDING PHYSICIAN: The Is DIRECTOR: After this certificate has hours after death with the State De 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) item EXAMINER? HOSPITAL: OTHER: 1 D Impetient 2 D ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Antural 5 Pending 1 YES 2 NO 84 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 ETED 6 Could not be 4 Homicide 200 Hem CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 H TO THE HOSPITA
TO THE FUNERAL
BE filed within 72
IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(a) and menner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) BE Mi 19-2 30. NAME AND A CORESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) MBACHEW HONEWOOD HOIPITAL Worze-77 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

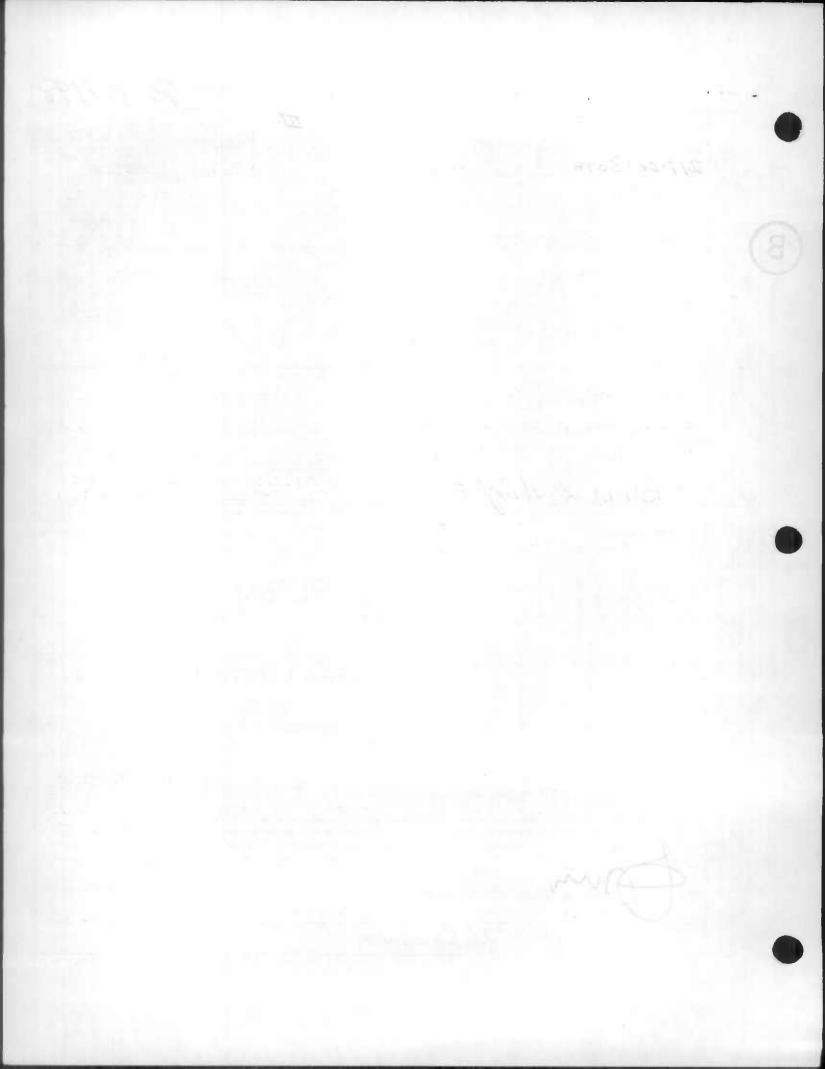
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERTIF	ICATI	E OF	DEA	H	REG.		/
1. DECEDENT'S NAME (First, Middle, Last, John		. Ellis					2. DATE OF DEATH MONTH TEDYULI	DAY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year April 3	20 704	BIRTHPLACE (State or Foreign Country)
167-34-2027	1X M 2 G F 4	5 YRS.						0,1944	Pennsylvani Pennsylvani
9a. FACILITY NAME (If not institution, give			9b. CITY		OR LOCATION	ON OF DE	ATH		Y OF DEATH
Greater Baltimo	re Medical C	enter		Tows	son			Ва	ltimore
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	гу	10c, CI	ry, town	OR LOCAT	TION				10d. INSIDE CITY
Pennsylvania			York						LIMITS?
10e. STREET AND NUMBER				101	. ZIP COD	E		10g, CITIZE	EN OF WHAT COUNTRY?
1317 Sleepy Hol	low Road				1740	3			U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO		If yes, sp	ecify Cube	n, Mexica	IC ORIGIN? (Specify n, Puerto Rican, atc.	Yes or No— 1	4. RACE — American Indian, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		1 TES	2 X NO	Specify	<i>r</i> :		specify White
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S (Give kind of	work done	CCUPATIO	ON ost of working	ng	16b. KIND OF	BUSINESS/INDU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT u	ise retired.) ⊃γ~— (har	lies	г. З	ohnny's	Restau	van t
12					-				Lanc
17. FATHER'S NAME (First, Middle, Last) Kenneth L	Ellis				18. MOT	Paul	ME (First, Middle, Mai ine E. Di	den Sumame) CUCK	
19a. INFORMANT'S NAME (Type/Print)						r or Rural I	Route Number, City or	Town, State, Zip C	Code)
Candace Ellis		Sa	me A	s #1	0				
20a. METHOD OF DISPOSITION 1		other place)							ty or Town, State nship, Pa.
21. SIGNATURE OF FUNERAL SERVICE L		4	W		ND ADDRE				
· Wallace _	S. Brooks	1.					uneral Ho		
Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OLO OUE 16/109 AS	A CONSEQUENCE O	J.	ns	es y	4	ency	/	5 th y
	4.								
PART II. Other algoliticant condition	ona contributing to death	but not resulting	In tha u	ndariyin	g cause	given in	PER	S AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26 9	ACE OF D	EATH (Ch	eck only one)		
EXAMINENT	HOSPITAL:		OTHE	R:					
27. MANNER OF DEATH	1 Inpatient 2 ER/O		-		JURY AT	esidence	8 Other (Specify) 28d, DESCRIBE HO	W IN HIEV OCCI	anen.
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year		JURY	W	YES 2 [] NO	280. DESCRIBE IN	JW INJUNI OCCU	neo
3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, pecify)	street, fac	tory, offic	cm .		261. LOCATION (St. City or Town, S		r Rural Route Number,
conton only	SICIAN: To the best of my kind								d. cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF DESTREE	CIA DO	on.			29c. UC	ENSE NU	MBER 22 C-3	29d. DATE	SIGNED (Month, Ony, Year)
30. NAME AND ADDRESS OF PERSON Y	THO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Typ	o _e Print)		10	-0	1000		111/70
(Marles FI	MODNING	21/m	1)	7.5	117	7/2	read-	Tours	on md
31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIG			-	/_ ~	7 6 /		10-4-	01000

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		C	EHIIF	ICATE OF	DEATH	2 DATE	REG. NO			TIME OF DEATH
	BERT		T		FORD	MONT		AY Y	EAR	1:30AM
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. ia	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPL	ACE (State or Foreign
217-06-3098	1 [XM 2 □ F	19	YRS.	MONTHS DAYS	HOURS MIN,	1000	n, Day, Year)		Country)	vland
9a. FACILITY HAME (If not institution, give	street and number)				OR LOCATION OF DE		22-10	9c. COUNTY	OF DEA	тн
Sudbrook Lane				Win	dsor			Balti	more	County
RESIDENCE OF DECEDENT 100, STATE 10b, COUNT	γ		10c, CIT	Y. TOWN OR LOCA	TION				1	Dd. INSIDE CITY
Maryland Balti	imore Cou	intv	Pi	kesville	2					LIMITS? YES 2 X NO
10a. STREET AHD NUMBER				10	f. ZIP CODE			10g. CITIZEI	N OF WH	AT COUNTRY?
823 Judy Lane					21208			U	S.A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	HT EVER IH U.S. A 1 YES 2 X WAR OR DATES		If yes, s	CEHDENT OF HISPAN pecify Cuban, Mexica 5 2 X HO Specify	n, Puarto		n or No — 14	Black, \ Specify:	- American Indian, White, atc.
15. DECEDENT'S EDU (Specify only highest grad	JCATIOH	16a. D	ECEDENT'S	USUAL OCCUPATI	OH on the second	168	. KIHD OF BU	SIHESS/IHDUS		
Elementary/Secondary (0-12)	College (1-4 or 5	114	le. Do NOT us	se retired.)	ost or working					
12			Asse	mblyman			Malco		ics	
17. FATHER'S NAME (First, Middle, Last)	T				18. MOTHER'S HA					
Robert Todd Fo	ord, Jr.	1.	06 4140 410	ADDRESS (O.	Virgi			Risso	ada)	
Mr/Mrs. Robert T.	Ford J				e Pikes					8
20a, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Ren		20b. PLACE	E OF DISPOS		metery, cremetory or	1110		CATION — CIT		
1 Description 2 Cremetion 3 Ren 4 Oonation 5 Other (Specify)	noval from Stata	other p	place)	iew Ceme	1111			kesvil.		
21. SIGHATURE OF FUNERAL SERVICE LI	CEHSEE	11		22. NAME A	ND ADDRESS OF FA	CILITY	0.75			
+ Brinn 2	O day	al +							HI	1 4 1 4 5
23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel				Sykes	ville, Ma	ryla	and 217	784 (30	01)-	
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	e. Multi	ple inj	uries	Sykes not enter the me	ville, Ma	ryla	and 217	784 (30	01)-	795-1400 Approximate interval Between
ahock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition	e. Multi DUE TO b. DUE TO c.	ple inj	uries EQUENCE O	Sykes not enter the me	ville, Ma	ryla	and 217	784 (30	01)-	795-1400 Approximate interval Between
shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. Multi DUE TO b. DUE TO d. DUE TO	ple inj o (or as a consi	UTIES EQUENCE OF	Sykes not enter the manner the ma	Ville, Ma	aryla	and 217	784 (30 Iratory arres	24b. v	795-1400 Approximate interval Between
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions.	e. Multi DUE TO c. DUE TO d	ple inj o (or as a consi	UTIES EQUENCE OF	Sykes not enter the months of	Ville, Ma	Part I.	and 217 dlac or reep 24a. WAS AM PERFOI	784 (30 Iratory arres	24b. v	795–1400 Approximata interval Betwee Onset and Deal Onset and Dea
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions.	e. Multi DUE TO b. DUE TO d. DUE TO HOSPITAL:	ple inj o (or as a consi	EOUENCE OF	Sykest not enter the months of the sykest not enter the sykest not enter the months of the sykest not enter the sykest not enter the sykest not enter the sykest not enter the months of the sykest not enter the sy	Ville, Ma	Part i.	24a. WAS AN PERFO	784 (30 Iratory arres	24b. V	795–1400 Approximata interval Betwee Onset and Deal Onset and Dea
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXX YES 2 NO 27. MANNER OF DEATH	e. Multi DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE O	ple inj plo (or as a consi p (or as a consi	EOUENCE OF TESTING	Sykest not enter the months of	ville, Manda of dying, such	Part i.	24a. WAS AN PERFO	I AUTOPSY RIMED?	24b. v	795–1400 Approximata interval Betwee Onset and Deal Onset and Dea
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXX YES 2 NO 27. MANNER OF DEATH 1 Hatural 5 Pending	e. Multi DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 Inpatient: 1 - 31 -	DIC INJ DIC OR AS A CONSIDER OF CONTRACT O	EOUENCE OF TESTINES	Sykest not enter the manner the m	ode of dying, such that the property of the pr	Part i. Part i. S XMin. 28d. DE	24a, WAS AN PERFOI XXXXES :	AUTOPSY RMED? SCENTINUURY OCCU MOTO:	24b. V.	Approximate interval Betwee Onset and Decided Programmer of Conset and Decided Programmer of Completion of Cause for Deathry
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXX YES 2 NO 27. MANNER OF DEATH 1 Hetural 5 Pending	e. Multi DUE TO b. DUE TO d	DIC INJ DIC OR AS A CONSIDER OF CONTRACT O	EOUENCE OF TESTINES	Sykest not enter the manner the m	ode of dying, such a pode of dying, such a p	Part I. Part I. Seck only of the part I. 28d. DE Dri	24a. WAS AN PERFO! XXXYES : or (Specify) SCRIBE HOW VEY IT CATION (Street	I AUTOPSY RIMED? 2 NO SCENTINUENT OCCU 1 MOTO: and Number or	24b. V	Approximate interval Betwee Onset and Deal Person To Supplement of Cause of Dealth? Completion of Cause of Dealth? Cause o
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXX YES 2 NO 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation investigation investigation and investigation are investigation.	e. Multi DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month). 1-31. 28e. PLACE building	DO (OR AS A CONSIDER OF CONTRACT OF CONTRA	EOUENCE OF TESTINGS TO SET THE	Sykest not enter the months of the months of the state of	oda of dying, such a dying a dyi	Part i. Part i. Part i. 28d. DE Dri 28f. Loc City Sud	24a. WAS AN PERFOI NOW YES: 100 SCRIBE HOW VEY IT CATION (Street or Town, State, brook ause(a) and me	AUTOPSY RIMED? SCENINJURY OCCU In Moto: and Number or Lane, V	E RED CCYC Rural Rook	Approximate interval Betwee Onset and Dead Onset an
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, it amy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intitlated events resulting in deeth) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation (Investigation 3 Suicide 8 Could not be determined) 29e. CETTIFIER (Check gnly One) MSDICAL EXAMINER 29b. BIOLANTINE THE OF CERTIFIER 29b. BIOLANTINE THE THE OF CERTIFIER	e. Multi DUE TO b. DUE TO c. DUE TO d	DIC INJ O (OR AS A CONSIDER OF INJURY Day, Year) OF INJURY — At It, etc. (Specify) of my knowledge, assemination and/o	EOUENCE OF TESTINGS TO THE PROPERTY OF THE PRO	Sykest not enter the months of the second state of the second on, in my opinion,	oda of dying, such a dying a dyi	Part I. Part I. 28d. DE Dr. 1 28d. DE City Sud to the ca	24a. WAS AN PERFOI NOW YES: 100 SCRIBE HOW VEY IT CATION (Street or Town, State, brook ause(a) and me	AUTOPSY RMED? 2 NO SCENTINUTURY OCCU and Number or Lane, V more se stated and due to the 29d. DATE S	24b. v. A. C.	Approximate interval Betwee Onset and Decided Interval Interval Interval Interval Interval Interval Interval Interval
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DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CE		ATE OF	DEATH		G. NO.		
1. DECEOENT'S NAME (First, Middle, Last,						2. DATE OF DI	DAY	YEAR	3. TIME OF DEATH
	EAN	GREGO			RIFFIN	2-7-			8:00AM
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest	860	NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,	Year)	Coun	
220-86-2374	1 M 2 - F	21	YRS.			9-28-			lifornia
90. FACILITY NAME (If not institution, give 552 Pennington RESIDENCE OF DECEDENT			9		R LOCATION OF D			arfor	d County
10e. STATE 10b. COUN	TY		10c. CITY, 1	TOWN OR LOCAT	ION				10d, INSIDE CITY LIMITS?
MD. Ha	rford		Har	ve de l	Grace				1 (X YES 2 NO
100. STREET AND NUMBER 552 Pennington A	ve.				ZIP CODE		10g. C		WHAT COUNTRY?
11. MARITAL STATUS 1 📉 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. ARM YES 2 NO			ENDENT OF HISPA icity Cuben, Mexico 2 XNO Specific	en, Puerlo Ricen,		14. RAC Blac Spec	E — American Indian, ik, White, etc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5	(Giv	EDENT'S US re kind of wor Do NOT use r	WAL OCCUPATION to done during more tired.)	IN at of working		OF BUSINESS/I		
12	1	Ass	t. Ma	nager			rug sto		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA)	
Hustin Griffin .	Jr.	Lon				an Fond			
19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural				
Lillian Griffin					on Ave H		Grace		
1 Burtal 2 Cremetton 3 Re	movel from State	other pla	ce)		netery, crematory or				
4 Donation 5 D Other (Specify)	ictivitile	Angel	Hill		D ADDRESS OF FA	I CILITY	navre c	ie Gr	ace, MD.
· Gerle Mr.	Mul	2		Arno	d W. Be Box 188	ard Fun			
Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING	b	OR AS A CONSEO	UENCE OF):	AMIA					
CAUSE (Diseese or Injury that initiated events resulting in deeth) LAST	d.	(OR AS A CONSEO	UENCE OF):						
PART II. Other eigniticent condition	ons contributing to	deeth but not re	eculting in	the underlying	g ceuse given in		WAS AN AUTOPS PERFORMED? XES 2 - NO		b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (C	heck only one)			
EXAMINER?	HOSPITAL:	ER/Outpatient 3		THER:	a 55556dence	8 Other (Spe	clfv)		
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE Of (Month, I	FINJURY	28b. TIME (OF 28c. INJ			E HOW INJURY	CCURED	
2 Accident investigation 3 Suicide 8 Could not b 4 Homicide determined	28a. PLACE (OF INJURY — At hor, atc. (Specify)	ne, tarm, atn	est, factory, offic		281. LOCATION City or Tow	(Street end Num rn, State)	ber or Rural	Route Number,
20a. CERTIFIER Office Date 1 CERTIFYING PHY EXAMEDICAL EXAMI	-0//					time, date and p	place, end due to	the cause	(a) and manner as stated
AND ADDRESS OF PERSON Y	THO COMPLETED CAL	ME CONTRACTH (ITEM	1 27) (Type, P	rint)	OCME		•		7-90
JULIA C. GOODIN	, MD		111		Street,B	altimor	e,MD 21	201	
FFR 21 1990	32 REGISTR	HAS SIGNATURED	J. Sam					Ē1:	

5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should retained by the hospital or attending physician.

notified at once.

MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-nous after sea TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by in funce filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removement important: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical arms. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. crem IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,

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0.00	n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	raumatic	
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ed at once.

FOR STATE REGISTRAR	#7,per 1	IARYLAND /	DEPAR					MENTAL	HYGIEN REG. NO			0004
1. DECEDENT'S NAME (First, Middle, Last)	EDWARD	GAB	RIEL	SON				2. DATE (of DEATH	w 199	MAR 3	TIME OF DEATH 7:45 a.
212-20-4612	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE O	Dey, Year)	24/24	Country)	ACE (State or Foreign yland
9a. FACILITY NAME (If not institution, give street Franklin Square H				9b. CITY,		SVil		ATH			more	County
100. STATE 100. COUNTY Maryland Balt	imore			y, town or Perry								Id. INSIDE CITY LIMITS?
Franklin Square H RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Balt 100. STREET AND NUMBER 4010 Baker Lane 1. MARITAL STATUS 1. Never Martind 2 Miller and 1. Maryland 2 Miller and 1.					-	ZIP CODE	2123	6				T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced	12. WAS DECEDEN FORCES? 13 IF YES, GIVE W	TYES 2 N		11	yes, spe		F HISPANI	C ORIGIN	(Specify Yalican, atc.)	a or No—	I4. RACE — Black, V Specify:	American Indian, thita, atc. White
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 12 years 17. FATHER'S NAME (First, Middle, Last)	TION ompleted) College (1-4 or 5+) (Gi	ive kind of . Do NOT u	y Des	iring mo	st of working				siness/indu		tion ministra-
Edward Gabriel Ga	brielsor					Bu.	la K	idwel				
Shirley A. Gabrie	lson	190		10 Ba						vn, State, Zip (
20e. METHOD OF DISPOSITION ***Extra 2	ral from State	20b. PLACE other pla	ince)	sition (Namarkwo						cation — c		aryland
21. SIGNATURE OF FUNERAL SERVICE LICES Lasah Deen		eme &	Pac.	22. N	Las		Fun	eral	Home Balt:	imore,	Mar	yland 212
23. PART I. Enter the diseases, or co shock, or heart feilure. LI IMMEDIATE CAUSE (Final disease or condition resulting in death) e.	Acute	Leukemi	ia Sy	ndron	ne	de Df dyl	ng, such	as card	ac or resp	olratory srre	at,	Approximate Intervei Betwee Onset and Des
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	OUE TO	tive Hea	OUENCE O	F):		Repai	ir					
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO	or as a consec y of H	OUENCE O	F):								
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	contributing to	death but not r	reeuiting	in the unc	derlying	g ceuse g	iven in i	Part I.	24a. WAS AF PERFO 1 YES	RMEO?	AA CI	ERE AUTOPSY FINOING MILABLE PRIOR TO DMPLETION OF CAUSE F OEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 \(\text{YES} \ 2 \text{N} \) NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	:	ACE OF DI						
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY	28b. TIA		28c. INJ WO			_		INJURY OCC	URED	
	28s. PLACE O building,	F INJURY — At he atc. (Specify)	ome, farm,	street, facto	ry, offic				TION (Street or Town, State	and Number (or Aural Aou	te Number,
S Could not be determined 4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:												nd manper as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 00 30. NAME AND AGGRESS OF PERSON WHO						29c. LICE	ENSE NUM	IBER		29d. DATE	SIGNED IN	lonty, Day, Year)

30. NAME AND ACCRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
DR. Maria-Teresa David 9000 Franklin Square Drive Baltimore 21237

32 REGISTRAR'S SIGNATURE

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		UNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
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	+OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	detach
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	1. DECEDENT'S NAME (First, Middle, Las	ODRICH	19				2. DATE MONTI	OF OEATH	. 0	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 160-24-4584		E (In yrs. last birthday,		EAR IF UNDE	R 24 HRS.	7. DATE	OF BIRTH	03		PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, giv		86 YRS.	9b. CITY, TO	OWN OR LOCAT	ION OF OR		27, 17	9c. COUN		
OR	Hebrew Home of G		ngton		ockvill						omery
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUI	None	10c. Cl	Alexar						X	10d. INSIDE CITY LIMITS? VES 2 NO
ERAL	100. STREET AND NUMBER 301 North Beaure	poand Stroot			101. ZIP COO					I. S.	A .
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	s XXX	If ye		OF HISPAN	n, Puerto I	I? (Specify Yas Rican, atc.)		14. RACE -	- American Indian, White, atc.
ETED	15, DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5 +)	Ille. Do NOT	f work done durk use retired.)		ing	18b	. KIND OF BUS		USTRY	***************************************
COMPL	8 Years 17. FATHER'S NAME (First, Middle, Last)		Hou	sewife	10 1100	THER IS NA	ASE /Flora	OWN H		_	
111	Max Smolen					Bessi		(Unkn			
TO BI	18a. INFORMANT'S NAME (Typo/Print) Eileen Goodric	2h		orth B							22312 rginia
	20a, METHOO OF DISPOSITION 1V (Surfal 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	other place) Ete	OSITION (Name	of cornetery, cre	matory or	0 4 11	20c. LOC	CATION — C		n, Stata h, Floric
	23. PART I. Enter tha diseases, o shock, or heert failur			232	CARRO.	LL ST	TREET	, N.W.	, WAS	SHIN	Approximata
	23. PART I. Enter the diseases, or shock, or heert failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. RESPIR DUE TO (OR AS	S A CONSEQUENCE	232 not enter the	CARRO	LL ST	TREET	, N.W.	, WAS	SHIN(Approximate interval Betwoen and D
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D BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, a shock, or heert failure immediate cause. Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART H. Other significant conditions in the cause of the cause o	B. RESPIR OUE TO (OR AS DUE TO (OR	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE D but not resulting but not resulting C C C C C C C C C C C C C C C C C C C	2 3 2 p not enter the open of the second of	CARRO. The mode of decision of the provided series of the provided	LL ST ying, suc	Part I. Part I. 281. LOC	24e. WAS AN PERFOR 1 YES 2 ATION (Street a or fown, State)	AUTOPSY MED? AUTOPSY MED? AND NUMBER OF THE PROPERTY OF THE	ROKE 24b. 24b. cureo or Aural Ac.	Approximate Interval Betwonset end D

32. REGISTRAR'S SIGNATURE who Day door - handell

and the same of the same

BALTIMORE, MARYLAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Astronaus after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
BAI	n 2.5 hours after de	ly filled in by the fu ation, or removal.	the medical ex
(13146,	e executed within	an and complete	umatic event,
O. BO)	certificate b	ding physicity tygiene prior	other tra
DS, P.	it the death	by the attent nd Mental H	/ Injury, or
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires tha	t. of Health a	S shows any
VITAL	CIAN: The la	ertificate has the State Dep	or item 23
ON OF	DING PHYSII	After this ca	marked,
DIVISIO	OSPITAL DR ATTEND	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT: If Item 28 is
	TO THE H	TO THE FI	IMPORT

PATRICK WHITE
31. DATE FILED (Month, Day, Year)

299

1. DECEDENT'S NAME (First, Middle, Last)		CERTIFI	CATE OF	DEATH	2. DATE OF DEA	ATH	3. TIME OF DEATH
		GERARDT			FEB. 20	0,1990	4:40 P.
217-52-8464	□ M 2 💢 F 100	YAS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIR (Month, Day,)	7,1890	DELAWARE
9a. FACILITY NAME (If not institution, give street MERIDIAN NURSING H RESIDENCE OF DECEDENT				NSVILLE	EATH		TIMORE
10a. STATE 10b. COUNTY MARYLAND BALTI	MORE		TONSVIL				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 16 FUSTING AVENUE			10	21228			S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA — 192	2 NO	If yes, sp	ENDENT OF HISPAT ecity Cuban, Maxica 2 XNO Specifi	in, Puarto Rican, a		4. RACE — American Indian, Black, White, atc. Specify: WHITE
15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) UNKNOWN		16a. DECEDENT'S U (Give kind of wi life. Do NOT use HOUSEWI)	ork done during mo retired.)	ON ost of working		OF BUSINESS/INDU	STRY
17. FATHER'S NAME (First, Middle, Last) BERNARD LINGERMAN				16. MOTHER'S NA	JOSEPH		
190. INFORMANT'S NAME (Type/Print) DOLORES KELLY				and Number or Rural EY AVENU			
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	PLACE OF DISPOSI other place) TRO CREM	TION (Name of ce		2	edc. LOCATION — C	
21. SIGNATURE OF FUNERAL SERVICE LICENS		Le	22, NAME A	M. & RUS EDMONDSOI	CILITY		FUNERAL HOMES
23. PART i. Enter the diseases, or come shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Congst		7 Aus	oda of dying, suc	h as csrdisc or	r respiratory arrs	st, Approximats interval Betwee Onset and Daa
Sequentially list conditions, if any, leading to immedists cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF					
PART II. Other significant conditions of	Ontributing to death b	ut not resulting in	tha undarlyin	g csusa given in	P	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
	OSPITAL:	etient 3 DOA	OTHER:	LACE OF DEATH (Cr		ify)	
27. MANNER OF DĚATH Netural 5 Pending Accident Investigation 3 Suicide 8 Could not be	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TIME INJU	M 1		281, LOCATION		JRED or Rural Route Number,
3 Suicide 8 Could not be	building, atc. (Spec	ulfy)			City or Town		

FREDERICK ROAD, CATONSVILLE, MD.
32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

BELLEVILLE (1931 1 8 833

FOR STATE REGISTRAR

	4. SOCIAL SECUE	AM BITY NUMBER	5.	SEX	6. AGE (In y	RIFT rs legit birthdey,	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BURTH	9	Coun	THPLACE (State or
	90. FACILITY NAME	AE (If not institution		M 2 F	8	YRS.			OR LOCATIO			19,		MAI	RYLAND
CTOR	HOWARD	CO GE	NER	AC HO	591.	AL.	Co	2/4	me	SIA			E	100	DAR
PUREC	10a. STATE	-	OUNTY				BALTI								10d. INSIDE CI LIMITS? YES 2
NERWEN		CHARLE							2120	1			U.	S.A.	WHAT COUNTRY
BY FUN	11. MARITAL STAT 1 Never Merric 3 Wildowed	ed 2 X Married		FORCES? 1 IF YES, GIVE W	YES :	2 X NO	13.	If yes, sp	ecity Cube		, Puerto I	(Specify Ricen, etc.)	Yee or No-	14. RAC Blac Spe	CE — American in ck, White, atc.
OMPLETED	-	15. DECEDENT Specify only highes condery (0-12)	t grade com		-)	Give kind o	work done use retired.)	during mo	ON ist of workin	eg .	100		ER'S D		. STORE
BE CON	RIDGEL	Y L. GR	IFFII	СН								Middle, Maid	len Surneme) NER		
TOE	MARGAR	ET A. C				3370	N. C	CHATH	IAM R	OAD,		COTT	CITY,	MD.	
	4 Donation	DISPOSITION Cremation 3 [Other (Specifi	y)		20b. P	ETRO CI	REMAT	ORY			has 40042		LOCATION —		MARYLAN
	II 21. SIGNATURE C	L LOWERVE SEUA						. NAME A	ND ADDRES	SS OF PAC	AILT Y				
	23. PART I. En	ndition	a, or com	nplication Tha	t caused the	he death. Do h line.	LE 16	30 E	DMON	DSON	AVE	NUE,	CATONS	VILI	NERAL HOLE, MD. 2 Approx Interval Onaet
RTIFICATION	23. PART I, En sh IMMEDIATE Co	at conditions, to immediate INDERLYING se or injury	a, or com	pplication (that to only one cau	UR AS A CO	he death. Do h line. ONSEQUENCE	not ente	30 E	DMON	DSON	AVE	NUE,	CATONS	VILI	LE, MD. 2
L CERTIFI	23. PART I. En sh IMMEDIATE Codisease or corresulting in de Sequentially II if any, leading cause. Enter L CAUSE (Disea that initiated a resulting in de	at conditions, to immediate SINDERLYING so or injury events attnited to the same of the sa	a, or compilure. List a b c d anditiona c	DUE TO	(OR AS A CO	ONSEQUENCE	not ente	530 E	DMON de of dy	DSON ing, auch	AVE	NUE, (dlac or re	CATONS	SVILI	Approx Interval Onaet a
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AN: MEDICAL CERTIFI	23. PART I. En sh IMMEDIATE C. disease or corresulting in de Sequentially II if any, leading cause. Enter I CAUSE (Disease that initiated a resulting in de PART II. Other	at conditions, to immediate INDERLYING se or injury each) LAST algnificant conditions.	a, or compillure. List	DUE TO DUE TO DUE TO	(OR AS A CO	ONSEQUENCE ONSEQUENCE not resulting	not ente	of the model of th	g cause ;	DSON ing, such	Part I.	NUE, (diac or re	AN AUTOPSY	SVILI	Approx Interval Onaet a Onaet
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ED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. En sh IMMEDIATE Codisease or corresulting in de Sequentially II any, leading cause. Enter to CAUSE (Diseathat initiated cresulting in de PART II. Other	at conditions, to immediate INDERLYING se or injury events seth) LAST algnificant column of the Index of the	a, or compillure. List a b d d Inditiona c COPP	DUE TO	(OR AS A CI	ONSEQUENCE ONSEQUENCE ONSEQUENCE not resulting	OF): OF): OTHE OTHER OTHER	inderlyin 26. P 26. P 26. IN. 26. IN. 26. IN. 26. IN. W. 1	g cause g	DSON Ing, auch	Part I.	Alac or re 24a. WAS PERI 1 YES 10 YES 11 YES	AN AUTOPSYFORMED?	CCURED	Approx Interval Onaet a Onaet
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E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. En sh IMMEDIATE C. disease or corresulting in de Sequentially II if any, leading cause. Enter I CAUSE (Disease that initiated a resulting in de PART II. Other PART II. Other Examiner? 25. WAS CASE RE EXAMINER? 1 YES 2 27. MANNER OF 1 Accident 3 Suicide 4 Homicid 29c. CERTIFIER (Check only one)	at conditions, to immediate indition batth) at conditions, to immediate index inditions, to immediate index inditions, to immediate index inditions, to immediate index inditions, to immediate indit	a, or comiliure. List a a b d d d inditions of the parties of the partie	DUE TO DUE TO	death but GOR AS A CO GOR AS	onsequence onsequence onsequence not resulting ent 3 DOA 28b. T At home, farm lige, death occumul/or investigs H (ITEM 27) (Ty	OF): OTHE 4 N. N. N. Me of N. N. Mreet, fe	26. PER: ureing Hon 26c, IN. vc time, date opinion, o	g cause of the cau	DSON Ing, auching, auching, auching given in Death (Che esidence NO	Part I. Part I. Book only or Colly to the ce time, date	24a. WAS PERI 1 YES YES SCRIBE HO SCRIBE HO CATION (Str. or Town, St.	AN AUTOPSY ORMED? 5 2 NO W INJURY OR menner as st , end due to	CCURED ated. the ceuee	Approx Interval Onaet a Onaet

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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STATE OF MARYLAND / DEPARTMENT OF HEA	LTH AND MENTAL HYGIENE
CERTIFICATE OF D	EATH REG. NO.

REGISTHAR		- CI	LINIII	ICATE	. OF	DEA	111	REG. NO		7	
1. DECEDENT'S NAME (First, Middle,		MES		GEN	CILE			2. DATE OF DEATH ON MONTH PEB. 15, 1		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 194-14-8703	5. SEX	6. AGE (In yrs. Ins	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-9-1926		Country	PLACE (State or Foreign) INSYLVANIA
9e. FACILITY NAME (If not institution,	give street and number)		-	9b. CITY	TOWN	R LOCATI	ON OF DE		9c. COU	NTY OF DE	
FRANCIS SCOTT	KEY]	BALI	IMOR	E CI	TY			
10e. STATE 10b. CC			10c. CIT	Y, TOWN C	R LOCAT	TON					10d. INSIDE CITY
MARYLAND 10e. STREET AND NUMBER	BALTIMO	RE			1 400	DUN ZIP COD	DALK	<			LIMITS?
					101	. ZIP COD			10g. CIT		HAT COUNTRY?
6917 GERMAN HI							212				S.A.
11. MARITAL STATUS 1 Naver Warried 2 X Varried 3 Widowed 4 Divorced		NT EVER IN U.S. AF			f yes, sp		n, Mexica	NIC ORIGIN? (Specify Yes in, Puerto Ricen, atc.) y:	or No—	14. RACE Black, Specify	
15. OECEOENT'S	EDUCATION	WW II	ECEOENT'S	USUAL O	CCUPATIO	ON	_	18b. KINO OF BU	SINESS/INC	DUSTRY	WHITE
(Specify only highest Elementery/Secondary (0-12)	Gollege (1-4 or 5	Mar.	Bive kind of b. Do NOT u	work done (se retired.)	during mo	st of worki	ng				
12TH GRADE	N/A		CRANE	OPE	RATO	R		BETHLER	EM S	TEEL	CORP
17. FATHER'S NAME (First, Middle, Las	12)					16. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)		
FRANK GENTILE							MI	NNIE De MA	OL		
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORESS	(Street a	ind Number	r or Rural .	Route Number, City or Tow	n, State, Zip	Code)	
LEONA J. GENTI	LE							BALTIMOF	E, M	D	21222
20a METHOD OF DISPOSITION 1 Buriel 2 Cremation 3	Removal from State	20b. PLACE other pi	OF DISPO	SITION (Na	me of cer	netery, crer	natory or	20c. LO	CATION -	City or Tov	m, State
4 Donation 5 Other (Specify)		OAK I	AWN		The same of the sa			The second second	TIMO	RE, M	ARYLAND
21. SIGNATURE OF FUYERAL SERVI	CE LICENSEE) (DI TOTAL		ERAL HOME		TACITAL	V TNC
Disegn	mE.K	sed	-					NUE DUNDAL			222
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b. DUE TO	O (OR AS A CONSE	OUENCE O	16: 16:	7						
PART II. Other algnificant con-	ditions contributing to				ndariyin	g cause	given in	Part I. 24a. WAS AN PERFOR	RMEO?		WERE AUTOPSY FINOIP AWAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC	AL				26. PI	ACE OF C	DEATH (Ch	neck only one)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	3 DOA	OTHE		-1		6 Other (Specify)			
27. MANNER OF OEATH 1 Natural 5 Pending	28e. OATE O		28b. TIN		28c. IN.			28d. DESCRIBE HOW	NJURY OC	CCURED	
2 Accident Investigat 3 Suicide 8 Could not 4 Homicide determin	28e. PLACE building	OF INJURY — At he	ome, ferm,	etraet, fact				281. LOCATION (Street City or Town, State)		or or Rural A	oute Number,
290. CERTIFIER (Check only	PHYSICIAN: To the best of										end menner ee state
20b. SIGNATURE AND TITLE OF CER	2 Quen	nhe)	Dylout		29c. LIC	52	MBER 79	29d. DAT	SIGNEO	(Month, Day, Year) 2-15-9(
Jane A Ry 31. DATE FILEO (Month, Day, Year)	inn i	1005 No	orth	POIN	+ E	slvd	7	Baltimore	M	0 =	11224
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FEB 21 1990	Carla Marile	- Aller	-				_				DHMH-16 Re

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	1 - FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND		HYGIENE REG. NO.		
	1. OECEOENT'S NAME (First, Middle, Last) Mary L. Holle	ey				2. DATE OF MONTH		YEAR 40	3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) 85 YRS.	IF UNDER 1 YEA		/Adminth F	ВІЯТН	8. BIRTI Count	MD.
TOR	9a. FACILITY NAME (If not institution, give s Ends Of Evergreen	5837 Belair	Rd.	9b. city, тоw Balto	N OR LOCATION OF	DEATH		city	DEATH
DIRECTOR	100. STATE 10b. COUNTY MD Balto			TY, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER 5837 Belair Rd.			10,	10f. ZIP CODE		10g.	CITIZEN OF V	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 VNO	If yes,	ECENDENT OF HIS specify Cuban, Mes ES 2 XNO Spe	dean, Puerlo Ric	Specify Yaa or No- an, atc.)	- 14. RAC	E — American Indian, k, White, etc.
BE COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		work done during se retired.)	TION most of working		anning	/INOUSTRY	
OM	17. FATHER'S NAME (First, Middle, Last)		1 1 1 0	orer	18. MOTHER'S		dle, Maiden Surnam	10)	
EC	Isiah Ouicklev				Ameli	a Black	kston		
10 B	19a, INFORMANT'S NAME (Type/Print)				et and Number or Ru	ral Route Number,	City or Town, State,	, Zip Code)	
1	William Quickley				nne St.				
-	20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place) abernacl			or	Fallst		
	21. SIGNATURE OF FUNERAL SERVICE LIC		abernaci	22. NAME	AND ADDRESS OF	FACILITY _			υ,
	* ankl!	1. Bu		P.0.	ld W. Be Box 188	Havre	de Grac	e, MD	•
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on	A CONSEQUENCE OF						Approximate interval Between Onset and Death
NOI	Sequentially list conditions, if sny, leading to immediate	bDUE TO (OR AS	A CONSEQUENCE C	isolud	Carole	invento	Diam	-	year
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE C	PF):					
MEDICAL	PART II. Other significant condition Dictotion mell Parished U		but not resulting		ring cause given		4e. WAS AN AUTOP PERFORMED? YES 2 NO		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH	(Check only one)			
YSIC	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA	OTHER:	lome 5 🗆 Realden	ce 8 🗆 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 M Netural 5 Pending 2 Accident Investigation	28s. OATE OF INJURY (Month, Day, Year)		JURY M 1 [INJURY AT WORK? YES 2 NO	28d. DESCI	PIBE HOW INJURY	OCCUREO	
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp.		atreet, factory, c	ffice		ION (Street and Nur Town, State)	mber or Rural	Route Number,
COMPLET	ana)	CIAN: To the best of my kno							s) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	llen	PATH (ITEM OT) /S.	a Philash	DOC	NUMBER 9426	29d.	2/07	(Month, Day, Year)
	ALBERT B. BA	ABLEY .	1900 B		RD.	BAL	TIMORI	=, x	10. z1206
	FFR 21 1990	32. REGISTRAR'S SIG	- Handell						

and attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 🖺 immediate the burial-transit		
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an outside after death. Page 6 may be more than the law requires that the death certificate be executed within an outside the second of the law requires that the law requires that the death certificate and the law requires that the law requires that the death certificate and the law requires that the law requires that the law requires that the death certificate and the law requires that the law requires the law requires that the law requires that the law requires that the law requires that the law requires the law requires the law requires that the law requires the law requi	irector, page 5 illuind he dean		IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be number in three.
ithin 2 nours after death. Pa	letely filled in by the funeral d	emation, or removal.	nt, the medical examine
ath certificate be executed w	tending physician and compl	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	or other traumatic eve
The law requires that the de-	e has been signed by the at	te Dept. of Health and Ment	im 23 shows any injury
TTENDING PHYSICIAN: T	TOR: After this certificate	after death with the Stat	28 Is marked, or ite
THE HOSPITAL OR A	THE FUNERAL DIREC	filed within 72 hours	PORTANT: If item

BALTIMORE, MARYLAND 21203-3146

BOX 13146,

P.0.

DIVISION OF VITAL RECORDS.

TO THE HOSPITAL OF THE FUNERAL OF THE WITHIN 72 h

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH WILLIAM HAMILTON 02 90 10:47AM 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 5 (100) 111 1 100 68 6. AGE (In yrs. lest birtnday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 216-82-9746 21 MONTHS DAYS HOURS 1X M 2 F YAS Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY PRINCE GEORGE'S DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY P.G. MARYLAND Suitland 1 X YES 2 NO FUNERAL 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 3410 Parkway Terr. Dr. # 20746 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Naver Married 2 Married BY 3 Wildowed 4 Divorced Black COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) 10th College (1-4 or 5+) Brickmason Construction 18. MOTHER'S NAME (First, Middle, Maiden Surname) Donald A. Hamilton Brenda M. Boone BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 3418 Parkway Terr. Dr., Suitland, Md. 20746 Michelle S. Hamilton 20a. METHOD OF DISPOSITION
1 🔀 Burial 2 🗆 Cremation 3 🗀 Removal from Stata
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Harmony Mem. Park 2/16/90 Landover, Md. 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ON & Schs, Inc. any ratt 4925 Burroughs Ave., N.E. 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. interval Between Onaet and Death IMMEDIATE CAUSE (Final Hypoxic disease or condition ENCEPHALO 6 day resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) idiac Resp. Me Rep CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING ACIGNAN7 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initisted events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAIL ARL F PRIOR TO (ml taine Arrivie COMPLETION DF CAUSE OF DEATH? 1 YES 2 PNO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 1 Thepatiant 2 ER/Outpatiant 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be ETED 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL MEDICAL EXAMINER: On the basis of ex mination and/or investigation, in my opinion, dasth occured at the time, data and placa, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Modifi, Day, Year) BE all D-18080 2/11/90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Steven M.D. 7521 Greenway CTR DE Pollak 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF					IENTAL HYGIEN	_		
1. DECEDENT'S NAME (First, Middle, Lest)	LOUISE	HANAFIN					2. DATE OF DEATH	18	90	3. TIME OF DEATH 1501 PM N
4. SOCIAL SECURITY NUMBER	1 - M 2 X F 6	(In yrs. last birthday) O YRS.	IF UNDER	DAYS	IF UNDER	MIN.		1929	Mas	sachusetts
9a. FACILITY NAME (II not institution, give NORTH ARUNDEL H					BURN:	ON OF DEA	NTH		A. (COUNTY
RESIDENCE OF DECEDENT										
Mass. No.	rholk	10c. CIT	Milt		TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER				10	, ZIP CODI	E		t0g. CIT	IZEN OF W	HAT COUNTRY?
18 Lyman Rd.					02	186			USA	
18 Lyman Rd. 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED S 2 NO DATES		It yea, ap		n, Mexican	C ORIGIN? (Specify Ya , Puerto Rican, atc.)	a or No	t4. RACE Black Specia	- American Indian, , White, atc. y: White
15. DECEDENT'S ED		18a. DECEDENT'S	USUAL O	CCUPATI	ON		16b. KIND OF BU	ISINESS/IND	DUSTRY	
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	se retired.)	auring me	ISI OF WORKIE	ng				
	4	Admini	stra	tive	Din	octo.	n T	eachi	na	
17. FATHER'S NAME (First, Middle, Last)							IE (First, Middle, Malder		77.00	
Leonard Doucet	to					Mana	aret Toll	and		
100 INFORMANT'S NAME (Zero/Print)		19b. MAILING	G ADDRES	S (Street			oute Number, City or Toy		n Codel	
Michelle Butler		20 11	lakka	10 C.	+ 17	and a	eph. MA	00216		
20a. METHOD OF DISPOSITION	1 2	0b. PLACE OF DISPO						OCATION —		un State
1 Buriel 2 Cremetion 3 Real		other place)			-	riatory or	111			wii, otata
21. SIGNATURE OF FUNERAL SERVICE L	ICENIE I	Milton	ceme	NAMEA	ND ADDRE	SS OF FAC	I MC	lton,	_MA_	
+ K. Hinso	(101. Q	_	RO	BERT	C.	ALTE	NBURG FUN d., Balti	ERAL	HOME	, INC. 21214
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avanta resulting in death) LAST	a. A cute out to ton as a cutoff to the second out to the second o	A CONSEQUENCE O	sho	ek d	inf 30	ari	tin			Onaet and Dea
PART II. Other significant condition	ons contributing to death	but not resulting	In tha u	nderlyin	g cause	given in I		RMED?	24b	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRIED, PO MEDICAL				28. P	LACE OF D	EATH (Che	ck only one)			
EXAMINER?	HOSPITAL:	stpatient 3 🗆 DOA	OTHE		ne 5 🗆 P.	esidence	8 Other (Specify)			
25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yoar	Y 28b. Til	-	28c. IN	JURY AT		28d. DEŞCRIBE HOW	INJURY OC	CURED	
(S Lauren 2 Laurend			М	1 🗆		NO				
3 Suicida 8 Could not be determined	28e PLACE OF INJU	RY — At home, farm, pecify)	street, fec	tory, offi	on.		281. LOCATION (Street City or Town, State		er or Aural I	loute Number,
one)	SICIAN: To the best of my kn) and manner as stated.
30. HAND AND TITLE OF CERTIFIE	10	DEATH (IT FM 27) (7-	a Scines		29c. LIC	36	256	254L DA	2//	8/98
	RAMIREZ, M.	D. 7845		OOD	ROAD	GLI	EN BURNIE	MARY	LAND	21061
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	SNATURE								
FFR 21 1990 Gu	dir Savidson-Ren									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be remined in 17 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mounts be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cramation, or removel.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be mittled at one

15

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH	v	YEAR	3. TIME OF OEATH
Lena Elle	n HOLZER				01	00	90		9:08P
SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. leat birthday)	IF UNDER 1 YEA	-	(Mont	OF BIRTH		Countr	PLACE (State or Foreign)
579-20-8277	1 M 250 F 6	6 YRS.	MORTING DAY	noons win.	9-	30-23		Vi	rginia
a. FACILITY NAME (If not institution, give				N OR LOCATION OF D	EATH		9c. COUNT		
Doctors' Hospit	al		Lanha	m			Prin	ce	Georges
RESIDENCE OF DECEDENT 100. STATE 100. COUN	TY	10c. CI	TY, TOWN OR LO	CATION					10d. INSIDE CITY
Maryland Prince	ce Georges	Lar	ndover	Hills					LIMITS?
De. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZ	EN OF V	VHAT COUNTRY?
4214 - 75th Au	e.		12.	20784			U.	SA	
I. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			ECENDENT OF HISPA specify Cuben, Mexic			or No-		— American Indian,
Never Merried 2 ☐ Married ☐ Widowed 4 ☑ Divorced	IF YES, GIVE WAR OR			ES 2 NO Speci		rivari, ww.		Speci	W.
15. DECEDENT'S ED	NICATION	AS- DECEDENT	S USUAL OCCUP	71011	1	. KIND OF BU		-	casian
(Specify only highest gra-	de completed)	(Give kind of	f work done during	most of working	100	, KIND OF BU	SINE 53/INDU	SINT	
Elementary/Secondary (0-12) 7th	College (1-4 or 5+)	Superv	isor Me	ed.Record	ls	II. S	. Gov	1+-	
7. FATHER'S NAME (First, Middle, Lest)		LUEDT.	or want	18. MOTHER'S N					
	ter Mumaw			1000		Helsl			
De. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (Stre	et and Number or Rural				Code)	
Susan Edwards		11	07 Pati	riot Lane	Bou.	ie.Ma	rulan	d 2	0716
0a. METHOD OF DISPOSITION Mid Burial 2 □ Cremation 3 □ Re	20			cemetery, crematory or			CATION - C		
Donation 5 Other (Specify)	moval from State	M.	assanu	ten Ceme	tery	Wo	odsto	ck,	Va.
1. SIGNATURE OF FUNERAL SERVICE	LICENSEE			AND ADDRESS OF F					
1 (Dens +	ufmen		Do	1		an I Un			
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shock, or heart failure MMEDIATE CAUSE (Final disease or condition	a. Due to (OR AS		not enter the	odstock. V	Ch aa car		iratory arre		Interval Bet Onset and
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1. DECEDENT'S NAME (First, Middle, Las	1)						2. DATE	OF DEATN	AY	YEAR	3. TIME OF DEATH
A	NTHONY	L	EE	F	HUFF,	SR.	MON	2-14-9		TEAN.	10:20PM •
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEA		R 24 HRS.		OF BIRTH		6. BIRTH	HPLACE (State or Foreign
217-56-9086	XX M 2 G F	38	YRS.					8-1951			RYLAND
90. FACILITY NAME (If not institution, give 4343 North Pos		(DUI	DALK)	вь. сіту, том Ва 1	timor				Balt		ce County
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	ITY		10c. CITY,	TOWN OR LO	CATION						10d. INSIDE CITY
MARYLAND BA	ALTIMORE				DUND	ALK					LIMITS?
100. STREET AND NUMBER					10f. ZIP CO	DE			10g. CITIZ	EN OF V	WNAT COUNTRY?
1923 JASMINE ROL	AD OA					21.	222			U.S.	.A.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES		If yes,	Specify Cub	en, Mexico	n, Puerto	N? (Specify Ye Ricen, etc.)	e or No—	14. RACI Black Speci	E — American Indian, k, White, etc. ify: WHITE
15. DECEDENT'S EI	DUCATION		ECEDENT'S U				18	b. KIND OF BU	SINESS/INDI	USTRY	
(Specify only highest gra Elementery/Secondery (0-12)	College (1-4 or 5	- fi	Give kind of wo fe. Do NOT use	retired.)	inost of work	ung					
9TH GRADE	N/A		MAINT	ENANCE	ENGI	NEER		FRANC	IS SC	OTT	KEY MEDICA
17. FATNER'S NAME (First, Middle, Last)					18. MO	TNER'S NA	ME (First,	Middle, Maider	Sumame)		CENTER
FREDERICK JOSEPH	H HUFF							E PHIL			
19e. INFORMANT'S NAME (Type/Print)		1						nber, City or Tox			01000
KATHLEEN HUFF		201 71 17		JASMIN			BALT	IMORE,			
20e. METNOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Re	moval from State	other	e of disposi Diace) EEN MO				17-0	-530	OCATION — C		
4 Donetion 5 O, Other (Specify)	LICENSEE	- GRU	TETA TAIO		AND ADDR			U	ALTIN	URE	, MARYLAND
* Segon	5 E 12	acc)		2							LK, INC.
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FOR

burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the him TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detail be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any infury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		011112 01 11	CE	RTIF	ICATE	OF	DEAT	H	The same	REG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF				3. TIME OF DEATH
	HENR	1	SARA	YH /	/					MONTH	DAY		YEAR	3.55Pm
	4. SOCIAL SECURITY NUMB	/	5. SEX	6. AGE (In yrs. last	A Landa of Land	IF UNDER		IF UNDER		7. DATE OF	14		90	
	216-09-9		1 M 2 XF	81	YAS.	MONTHS	DAYS	HOURS	MIN.	(Month, C			Country)	LACE (State or Fareign
	9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY,	TOWN OF	R LOCATIO	ON OF DE			9c. COUN		ATH
DIRECTOR	SINAI HOSP					BA	LTIM	ORE	CITY	Ž.				
E C	RESIDENCE OF DEC	10b. COUNTY	Y		10c. CIT	Y, TOWN O	R LOCATE	ON						10d. INSIDE CITY
DIR	MD.	BALT	IMORE			ronsv								LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER						101.	ZIP CODE				10g. CITIZ	EN OF WI	HAT COUNTRY?
N N	2 MARATHON	COURT							228				S.A.	
BY FU	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo			T EVER IN U.S. ARI YES 2 X N WAR OR DATES		- 1		cify Cube	n, Mexice	n, Puerto Ric		or No-	14. RACE - Black, Specify WH]	
ED	15, DEC	EDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OC	CCUPATIO	N		16b. K	IND OF BUSI	NESS/INDL	-	LIE
COMPLETE	(Specify only	y highest grade 3-12)	College (1-4 or 5	(Gi life.	ve kind of Do NOT u	work done of se retired.)	during mos	t of workin	g		OVER :			
S O	17. FATHER'S NAME (First, M	liddle, Last)						18. MOTH	IER'S NA	ME (First, Mid	dle Maiden Si	urname)		
BE C	MORRIS K.		RD					CA	RRIE	E BIXL	ER			
2	190. INFORMANT'S NAME (7) CATHERINE W		(sister							Acute Number, Ltimor			Code)	
	20e. METHOD OF DISPOSIT	ION		20b. PLACE					_		,	ATION — C		n Plate
	1 Burial 2 Cremetic		oval from Stale	other pla	100)	0111011 (1101	THE OF COMM	otory, cron	retory or		200. 200	ATION — C	aty or row	n, siate
	21. SIGNATURE OF FUNDIA	L SETTICE LIC	DENGEE //	3.1	10.0	22.1	NAME AN	D ADDRES	SS OF FA	CILITY				
	1) and	eld,	1 alua		7 2	_	TATE	ANA	YMOT.	BOAR	D, BA	LTO.	MD.	21201
	23. PART I Enter tha d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart fallure.	Case	con as a consec	and the same	200			-	4		atory arre	est,	Approximate Interval Between Onset and Death
Z			A	PLZA	- American			as	Se	st				3 Laye
RTIFICATION	Sequentially list condit		DUE TO	(OR AS A CONSEC	UENCE O			1	-			1	,	1
S	cause. Enter UNDERLY	ING	ca	adio		U	280	ect	as.	- a	cci	de	I	3 days
L.	that initiated events		DUE TO	(OR AS A CONSEC	UENCE O	P):				,			-	0
CERT	resulting in death) LAS	T	o. In	tra-	ce	20	62	al		Laci	negg	ha	ge	-
AL	PART II. Other algnifica	nt condition	e contributing to	death but not n	esulting	in the un	derlying	cause (jiven in	Part J. 2	4e. WAS AN A			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
ME														1 YES 2 NO
CIAN	25. WAS CASE REFERRED T	O MEDICAL					26. PL/	ACE OF D	EATH (Ch	eck only one)				
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 T De	oldanon	6 Other (S	Panalful.			
H	27. MANNER OF DEATH		28e. DATE OF		28b. TIA		26c. INJU		reidelice		RIBE HOW IN	JURY OCC	URED	
ВУ Р		Pending Investigation	(Month, E			JURY M	WOF	PK? ES 2) NO					
ED	3 Sulcide 6	Could not be determined	28e. PLACE C building,	F INJURY — Al ho atc. (Specify)	me, farm,	street, fact	lory, office				ION (Street an Town, State)	nd Number	or Aurai Ro	oute Number,
COMPLET	onel -		ICIAN: To the best of											end menner ee stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	R sair	HOV	SE.	STR	FF	29c. LICE	ENSE NUI	MBER				(Month, Day, Year)
9	30. NAME AND ADDRESS O			SE OF DEATH (ITE	W 27) (Type	e, Print)							-/	
	SWATI	D (SAI,	S/NA	/ /	705,	r. E	FE	3AL	TIM	ORE	38	ELV	EDERE D 21215
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nous after death. Page 6 may be retained by the hospital or attending physician.	L ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transfer nearh with the State Deat, of Health and Mental Hygiene prior to buriat, cremation, or removal.
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- /	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lass	EISIE	,	4.	F DEATH	2. DATE OF DEATH	ž j	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	1 - M 2 XF	AGE (In yrs. last birthday) 73 YRS.	MONTHS DAYS	B HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year)	17	BIRTHPLACE (State or Foreigner)
TOR	90. FACILITY NAME (If not institution, give MILLIDIAN RESIDENCE OF DECEDENT	HULTI ME	DICAL	12	N OR LOCATION OF DI	EATH		9/4/MORE
DIRECTO	10e. STATE 10b. COUN	ITY	10c. CIT	BAL:	10			10d. INSIDE CITY LUMTS? 1 YES 2 NO
FUNERAL	215 Na ED	RE WOOD	ST		101. ZIP CODE		2	N OF WHAT COUNTRY?
ВУ	1 Neper Merried 2 Married Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IF YES, GIVE WAR	YES 2 X10	If yes,	specify Cuban, Mexico		e or No—	Black, White, etc. Specify: Black
PLETED	15. DECEOENT'S Et (Specify only highest gra Elementery/Secondery (0-12)	DUCATION ide completed) College (1-4 or 5+)	18e. DECEDENT'S (Give kind of the life Do. NOT us	work done during se retired.)		POSS	isiness/indus	ACS
E COMPL	17. FATHER'S NAME (First, Middle, Last) ARTHUR	MARKS			18. MOTHER'S NA	ME (First, Middle, Meider	Sumamo)	7
TO B	190. INFORMANT'S NAME (Type/Print)	HALL	19b. MAILING	ADDRESS (Stre	et end Number or Rural	Route Number, City or To	mole Zip Co	MD 212
	2 Description 1 Description 2 Cremation 3 Re-	emoval from State	20b. PLACE OF DISPOS Other place) CEPAC	SITION (Name of	cemetery, cremetory or	TARY 800. LO	COOK L	y or Town, State YN, MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		Cha (130	AND ADDRESS OF F	A.e.e.s F	H B	Alto ma
	23. PAI Sher the diseases, of shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause	on each line.	emi.	mode of dylng, suc	ch as cardiac or reap	elratory arres	t, Approximat Interval Bet Onset and
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	AS A CONSEQUENCE O					
H					ving cause given in	Pert I 24s WAS A	N AUTOPSY	24b. WERE AUTOPSY FIN
MEDICAL C	PART II. Other algorificant conditi	1/	eth but not resulting	In the underly		PERFO		COMPLETION OF CA
MEDICAL C	25. WAS CASE RETERRED TO MEDICAL EXAMINER?	HOSPITAL:	ión	OTHER:	PLACE OF DEATH (C.	PERFO 1 YES		COMPLETION OF CA OF DEATH?
LC	25. WAS CASE RETERRED TO MEDICAL EXAMINER? 1 YES 2 27. MANNED OF DEATH	HOSPITAL:	7/Outpetient 3 □ DOA	OTHER: 4 Nursing h	flome 5 Residence	PERFO 1 YES	2 🗌 NO	COMPLETION OF CA OF DEATH? 1 YES 2 N
ED BY PHYSICIAN: MEDICAL C	25. WAS CASE RETERRED TO MEDICAL EXAMINER? 1 VES 2	HOSPITAL: 1 Inpatient 2 Et 28e. DATE OF IN. (Month, Day. 28e. PLACE OF IN building, etc	R/Outpatient 3 DOA JURY 26b. TiM N. JURY At home, farm,	OTHER: 4 Whensing h 4E OF 28c. JURY 1	Home 5 Residence INJURY AT WORK? YES 2 NO	PERFO 1 YES heck only one) 6 Other (Specify)	2 NO	COMPLETION OF CA OF DEATH? 1 YES 2 N
D BY PHYSICIAN: MEDICAL C	25. WAS CASE RE THIELD IN MEDICAL EXAMINER? 1 YES 2 27. MANNED OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not 8 determined 29e. CERTIFIER (Check only) 1 CERTIFYING PH	HOSPITAL: 1 Inpartent 2 EF 280. DATE OF INJ (Month, Day, 10 280. PLACE OF IND building, etc. YSICIAN: To the best of my	NOutpetient 3 DOA NORY 28b. TW Noer) 28b. TW Noer) IN. NURY — At home, farm, (Specify)	OTHER: 4 Waursing H AE OF 28c, JURY M 1 (street, fectory, c	innum 5 Residence INJURY AT WORK? YES 2 NO office	PERFO 1 YES 1 YES 1 YES 1 Other (Specify) 26d. DESCRIBE HOW 281. LOCATION (Street City or Town, State et o the cause(e) end me	2 NO INJURY OCCU and Number or	1 YES 2 No

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firedor, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ge 6 may be retained by the hospital or attending physician. **TIMORE, MARYLAND 21203-3146**

be notified at

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 10 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, creminal IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 13146,

PHYSICIA

BY

COMPLETED

BE

2

EXAMINER?

5 Pending Investigation

8 Could not be

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

REGISTRAR 1. DECEDENT'S NAME (First, M	iddle, Last)			ERTIF	IOAII	_ 01	DLA	111	2. DATE (REG. NO	2/17/	/90 3	. TIME OF DEATN
LAMONT		ALPHONS	0		Н	AT.T.			итиом	1			9:45 PA
4. SOCIAL SECURITY NUMBER			6. AGE (In yrs. Ia 32	st birthday) YRS.	IF UNDER		IF UNDEF	24 HRS.	7 DATE O	16/57	8. BIRTHPLACE (State Country) Md.		ACE (State or Foreign
90. FACILITY NAME (If not institute to the second s	ourt	treet and number)			9b. CITY		R LOCATI	on of DE	ATH	W		NTY OF DEA	NTH
	Db. COUNTY	′		19c. CI1	ry, town o	timo							Od. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER	Brube	r Court				101	, ZIP COD	2120)7		10g. CITI	USA	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 M M 3 Widowed 4 Divorce		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA				If yea, sp	ecify Cubi	OF HISPAN en, Mexice Specify	n, Puarto R	? (Specify Yes	or No-	14. RACE - Black, Specify: Bla	
15. DECED (Specify only it Elementary/Secondary (0-1)	1	CATION completed) College (1-4 or 5 +)	, (C	ECEDENT'S Sive kind of b. Do NOT L ax Co	work done ise retired.)	during mo	st of worki	ing		ontro			titution
17. FATHER'S NAME (First, Mide Rob		Hall					16. MOT		ME (First, M	liddle, Malden h (Surname) Greer		
190. INFORMANT'S NAME (Type Elizabeth		eer	11	1018	ADDRES POP	s (Street a lar	Grov	r or Rural i	Route Numb	er, City or Tow 1to. 1	n, State, Zip Md .	21216	,
20a, METHOD OF DISPOSITIO 1 Februarie 2 Cremation 4 Donation 5 Other (S	3 🗆 Rem	oval from Stata	20b. PLACE other p Pin	of Dispo					7			City or Town	
21. SIGNATURE OF FUNERIAL	ERVICE LI	ENSEE	leso	22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Hom 1300 Eutaw Pl. Balto, Md.							ome P. 212	A. 217	
23. PART I. Enter the dis- shock, or hee IMMEDIATE CAUSE (Fine disease or condition resulting in deeth)	rt feilure.	a. Smoke	caused tha dise on each line and so	ot i	nhala			ring, auc	h as card	lac or resp	iratory ar	rest,	Approximate interval Between Onset end Deet
Sequentielly list condition of eny, leading to immediate couse. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ate G	C	OR AS A CONSI										
PART II. Other algorificant	condition	a. contributing to	death but not	raauiting	in the u	nderlyln	g cause	given in	Part I.	24e. WAS AN PERFO	RMED?		WERE AUTOPSY FINDING: MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

12 Bruber Ct., Baltimo 29a, CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated.

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)

28b. TIME OF 9:250M 9:20P M

2 🔯 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

26c. INJURY AT WORK?

1 YES 2 NO

OTHER:
4 | Nursing Home 5 | XRasidence 6 | Other (Specify)

OCME

28d. DESCRIBE HOW INJURY OCCURED

Victim of housefire

200, SIGHATURD AND TITLE OF CERTIFIER. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITAL:

1 - Inpetient 2 - ER/Outpetient 3 - DOA

28a. DATE OF INJURY (Month, Day, Year) 2-17-90

2. REGISTRAR'S SIGNAUME 111 Penn Street Frank J. Peretti Baltimore, MD 21201 FFB 21 1990 FEB

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Baltimore Co

2-18-90

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		FOR STATE REGISTRAR	STATE OF MARY			OF HEALTH AND		GIENE G. NO.	30 0	421			
		1. OECEOENT'S NAME (First, Middle, Lest) PATSY ANDREW IMPE	TRATORE				2. DATE OF OR	1 9	90° 3. TIME 1:	о г осатн 15 а			
7/2		4. SOCIAL SECURITY NUMBER 218-05-2859	1 X M 2 - F	(In yrs. last birthday) 71 YRS.		DAYS HOURS MIN.	7. OATE OF BII	-18	PENNSYL				
. 2, 3 shod	TOR	9a. FACILITY NAME (If not institution, give of VA MEDICAL CENTER RESIDENCE OF DECEDENT)	9b. CłTY, T	FT. HOWA			TIMORE				
Pages 1.	DIRECTOR	10e. STATE 10b. COUNT	timore		TOWN OR	· ·	d		LIM	IDE CITY			
(0)	FUNERAL	100. STREET AND NUMBER 7241 CONLEY STREET	ET			101. ZIP COOE 21224			JSA	NTRY?			
3146	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES	S 2 NO	10.5	AS OECENOENT OF NISPAI yes, specify Cuben, Maxico YES 2 X XIO Specifi	n, Puerto Rican,		14. RACE — Ameri Bleck, White, a Specify: WHIT	itc.			
AND 21203- the hospital or attend detached for use as once.	LETED	15. OECEOENT'S EOL (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEOENT'S (Give kind of We. Do NOT to	work done du	ring most of working		OF BUSINESS/INC					
3 2 %	COMPL	17. FATNER'S NAME (First, Middle, Last) GUY IMPERATORE		18. MOTNER'S NA	Bethlehem Shipyard NAME (First, Mickille, Maiden Surname) ARY RICARDI								
MARY retained 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print) CLINICAL RECORDS		Route Number, Cit	y or Town, State, Zip. VARD, MA		21052						
MORE, Page 6 may be if director, page		20a. METNOO OF DISPOSITION 1/C Burial 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)	noval from Stata	other place)	ak Lau	e of cometery, cremetory or un Cemetery			ATION — City or Town, State				
SALTII death. P e funeral		1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. Eastern Ave. 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate.											
P.O. BOX 13146, ash certificate be executed within 35 hours after titrending physician and competely filled in by the lall kygiene prior to buried, cremation, or remover, or other traumatitic event, the medical	CERTIFICATION		B. SEVERE CH DUE TO (OR AS	ONIA LEFT	LUNG DE): STRUCT DE):				Int	proximate lerval Betwee aset and Daal			
RECORDS, P v requires that the deat been signed by the att a. of Health and Mental shows any injury,	MEDICAL	PART II. Other eignificant condition	ne contributing to death	but not resulting	in the und	ierlying cause given in		WAS AN AUTOPSY PERFORMEO? YES 2 NO	AMAILABE COMPLE OF DEAT	JTOPSY FINDING LE PRIOR TO TION OF CAUSE N?			
TAL The law are has tate Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	26. PLACE OF DEATH (Ci		clfy)					
OF PHYSIC this ce h with th	ву РНУ	27. MANNER OF OEATH 1 X Natural 5 Pending 2 Accident Investigation	26e. OATE OF INJUR (Month, Day, Year)	JURY M	28c. INJURY AT WORK? 1 YES 2 NO		E NOW INJURY OC					
DIVISION OR ATTENDING DIRECTOR: After hours after deatt item 28 is ma	03	3 Suicide a Could not be determined		oecify)			City or Tow	rn, Statu)	r or Rural Route Num	ber,			
로 정은 도	COMPLET	(Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my kn			inion, dasth occured at the	time, data and	place, and due to t	he cause(a) and mai				
TO THE HOSPI TO THE FUNER be filed within	TO BE	296. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
		DR. VERGHESE,	VA MEDICAL 32. REGISTRAR'S SIG	CENTER E		WARD, MARYI	AND 21	1052					
		FEB 21 1990 Ju	his Davidson-Pan	delle						OMMAN 40 D			

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מערווווו	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tours after death. Pa	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral cu		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner	l
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	24 11	filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	her	ı
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DIVISION OF VITAL RECORDS, 1.0. BOX 13149,	08	DIRE	OURS	tem	l
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	FOR STATE REGISTRAR	STATE OF MA			OF DEAT		MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, La	DOROTHY			cuben	,)	2. DATE OF DEATH MONTH DA	-19	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER	24 HRS.	7. DATE OF BIRTH	/ //	8. BIRTHE	PLACE (State or Foreign
	219-18-8834A	1 - M 2XXF	68 YAS.		AYS HOURS	MIN.	(Month, Day, Year)	21	Country)
	9a. FACILITY NAME (If not institution, gi		00	9b, CITY, T	OWN OR LOCATI		Oct. 6, 19.		renr	isylvania
œ	Good Samartian			Balti						
5	RESIDENCE OF DECEDENT	120Spitat		Datti	more					
JE	10a. STATE 10b. COU	INTY	10c, CIT	Y, TOWN OR	LOCATION					10d. INSIDE CITY LIMITS?
<u> </u>	Maryland		Ba	ltimo	e.					N YES 2 □ NO
AL	10e. STREET AND NUMBER				10f. ZIP COD	E		10g. CITI2	EN OF WI	HAT COUNTRY?
4	4620 Mardrene Ro	oacl			2122	9		u.s	S.A.	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	lf y		n, Mexicar	IC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	or No—	14. RACE Black, Specify	- American Indian, White, etc. Black
	15. DECEDENT'S I	EOUCATION	18a. DECEDENT'S				18b. KINO OF BUS	INESS/IND	USTRY	Diuck
E	(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done dur se retired.)	ing most of world	ng				
7	High School	Consign (1-4 of 5 +)	Custod	ian			Johns H	ankir	10 11	iversity
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NA	NE (First, Middle, Maiden :			and a second
BE C	Edward Hemsley				Man	mie 1	Palm			
OB	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S			loute Number, City or Town	n, State, Zip	Code)	21205
Y	Charles E. John	ison	509	North	Lakewo	od Ar	ve. Baltin	nore,	Mar	yland
)	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 F	amount from State	20b. PLACE OF DISPO	SITION (Name	of cornetery, crer	matory or	20c. LO	CATION (City or Tow	vn, Stata
	4 Donatton 5 Other (Specify)	seriover from otale	Loudon Pa	rk Cen	etery		Bal	timor	e, M	laryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	++-	22. NA 250	ME AND ADDRE	ns fo	Alls Pkwy.	Fune	eral	Homes Inc.
	23. PART I. Enter the diseases,	C. hu	Mei	_			ryland 21.			Approximata
rion	ahock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	ra gra	As a consequence of	ue b	(F)	Pul	monay e	Sem	a	interval Between Onset and Death 13 km.
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. OUE TO (0)	A A CONSEQUENCE C	Dor DFI:	ucl.					
CAL	PART ii. Other significant condi	tions contributing to de	eath but not resulting	in the unde	riying cause	given in	Part I. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	ESRD			1-5 N			1 YES 2	DINO		COMPLETION OF CAUSE OF DEATH?
4: MED	Multip	le Myelos	Ma					Y \		1 YES 2 NO
IAI	25. WAS CASE REFERRED TO MEDICA				26. PLACE OF E	DEATH (Che	ck only one)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	g Home 5 🗌 A	esidenca	6 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 10 Natural 5 Pending Investigat	28a. DATE OF IN. (Month, Dey,		ME OF 2	BC. INJURY AT WORK?	□ NO	28d. DESCRIBE HOW II	NJURY OCC	CURED	
ED	2 Accident Investigation 3 Suicide 6 Could not 4 Homicide detarmine	be 28e. PLACE OF II	NJURY — Al home, farm, 2. (Specify)	street, factor	y, office		28f. LOCATION (Street a City or Town, State)	and Number	or Aurai A	oute Number,
COMPLET	conductions .	HYSICIAN: To the best of my								and manner as stated.
	29b. SIGNATURE AND UTLE OF CERT	FIER /			29c, LJC	ENSE NUN	IBER	29d, DAT	E SIGNED	(Month, Day, Year)
TO BE	that	uha	m					▶ 7	2/10	190
	30. NAME AND ADDRESS OF PERSON FAX HOURY	600 D SA	OF DEATH (ITEM 27) (TYP) MANY TAN H	o, Print)	5601 1	.044	PAUE, BA	LTIM	iopt-	
	34. DATE-FILEO (Month, Day, Year)	32. REGISTRARY								
	1	Contract Contract								DHMH-16 Rev 1/89

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46	s after death. Pag in man be relined by the hospital or attending physician.	by the funeral dimensions are aligned be detached for use as the burial-transit peremoval.
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BALTIMONE, WARYLAND 21203-3146	peui	a should be detail
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag of nor the law requires that the death by the attending physician and completely filled in by the funeral difference is a figure by the attending physician and completely filled in by the funeral difference is a figure by the attending physician and completely filled in by the funeral difference is a figure begr. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be mutilied at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND	DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
C	ERTIFICATE	OF DEAT	ГН	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND		GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) MARTI	E JOHNSC	N			2. DATE OF DE MONTH 02	17 1990	YEAR 3. TIME OF DEATH	i M
1	/-	1 🗆 M 2 💢	E (In yrs. last birthday) 79 YRS.	F UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIR (Month, Day, 06-04-	1910	B. BIRTHPLACE (State or Fore Country) Virginia	eign
E CH	939 S. Baylis St				imore Cit		9c. COUNT	TY OF DEATH	
DIRECTOR	0a. STATE 10b. COUNTY 10c. CITY, TOWN OR L				timore City			10d. INSIDE CITY LIMITS? 1.XXYES 2 N	40
	100. STREET AND NUMBER 939 S. Baylis St	treet		T	101. ZIP CODE		100	EN OF WHAT COUNTRY?	
BY FUNEHAL	11. MARITAL STATUS XX Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 100	If yes,	21 224 ECENDENT OF HISPAI specify Cuban, Mexica ES 2 NO Specif	NIC ORIGIN? (Spe n, Puarto Rican,	city Yes or No- 1	I.S.A. 14. RACE — American Indian Black, Whita, atc. Specify: Black	n,
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Custod i			ork done during :	ccupation during most of working General Services			stry ervices	
u I	17. FATHER'S NAME (First, Middle, Lest) (Unknown)					Admin, (Gov't) I'S NAME (First, Middle, Maldon Surname) Gertrude Johnson			
0	18a. INFORMANT'S NAME (Type/Print) Mr. Juan R. Seth		19b. MAILING 3307	ADDRESS (Street Windso	et and Number or Rural or Bluch.,	Route Number, City Baltimo	or Town, State, Zip Core, Marz	Jand 21207	
	205 METHOD OF DISPOSITION 3 ABuriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from state	Mount Ca	lvary C	comotory, cromatory or Cemetery		20c. LOCATION – CI Anne Aru	ity or Town, Stata incle1 Co., M	ld.
	THE SIGNATURE OF FUNERAL SERVICE LICE	Erry	l.	22. NAME Nut 1 2501	ano address of fa ter Funero Gwynns 1	ciuty 11 Homes Falls Pl	Inc.	21216 timore, Md.	
	23. PÁRT`). Enter the diseases, or concentrate course. Limmediate CAUSE (Finel disease or condition resulting in death)	list only one cause on	ach line.	mix		h as cardiac D	r respiratory arre	st, Approximatinterval Bet Onset and	tween
ALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		D A CONCECUENCE OF	mer a	Colon other s		heer.	10 mon	te
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF):					
MEDICAL	PART II. Other significant conditions	contributing to death	but not resulting I	n the underly	ing cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FIN ANALABLE PRIDR TO COMPLETION DE CA DE DEATH? 1 YES 2 No.	AUSE
AN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)	neck only one)		Ni-A-	
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/O	Autpatient 3 DOA	OTHER:	ome 5 Residence	8 Other (Spec	cify)		
BY PH	27. MANNER OF CEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUF (Month, Day, Yea		URY	INJURY AT WORK? YES 2 NO	28d. OEŞCRIBE	HOW INJURY OCC	JRED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, a ipecify)	treet, factory, o	ffice	281. LOCATION City or Town	(Street and Number on, State)	or Rural Route Number,	
COMPLETED	CONSCIN CHINY	CIAN: To the best of my kr						d. ceuse(s) and manner as ste	sted.
H H	296. SIGNATURE AND THE SHIPE CENTERED	Man,			29c. LICENSE NU		29d. DATE	SIGNED (Mogth, Day, Year)	
2	30, HARD ADDRESS OF BEE ON WHO	completed cause of Sch	DEATH (ITEM 27) (Type,	Print) AD,	GEOY	Park H	eights	Are,	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI							

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BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page is be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be a	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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	REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	REG. NO).	3. TIME OF DEATH
	Sineita	C.	Jo	nes		MONTH 02	DAY YEAR 90	
	4. SOCIAL SECURITY NUMBER 578-78-9456	5. SEX 6. A	32 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	5.7 8. BIR	THPLACE (State or Foreign nitry) Md.
E CH	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Frances Mason Lloyd Nursing Home Baltimore 9c. COUNTY OF DEATH Baltimore							
DIRECTOR	10a. STATE 10b. COUNT	P.G.	P.G. CITY, TOWN OR LOCATION Capitol Hg			77 1		
FUNERAL	10. STREET AND NUMBER 5900 Crown St.			1. ZIP CODE 10g. CITIZEN OF WHAT COU U.S.A.				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ried 2 Married FORCES? 1 YES 2 NO It yes,			specify Cuban, Maxican, Puarto Rican, etc.) Black, White, at Specify: Specify:			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12th		(Give kind of Ille. Do NOT u	work done during me retired.)	ost of working	16b, KIND OF B	None	D 1. C. C 1.
	17. FATHER'S NAME (First, Middle, Last)	in L. Jone			18. MOTHER'S N	AME (First, Middle, Meide sa F. Pa:		
TO BE	19a. INFORMANT'S NAME (Type/Print) Patricia Randa		19b. MAILING		and Number or Rura	Route Number, City or To e., Lando	wn, State, Zip Code)	20785
-	20a. METHOD OF DISPOSITION 1 🔯 Burlal 2 🗆 Cremation 3 🗆 Rar		20b. PLACE OF DISPO	SITION (Name of ce	metery, crematory or		OCATION — City or	Town, Stata
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	H. Pr	att	22. NAME A H . S	ND ADORESS OF F	ngton & Soughs Ave	Sons, In	·
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. hypon	n eech line.		ode of dying, su	ch aa cardlec or rea	piratory arreat,	Approximete interval Between Onset and Deeth
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	b. POSSI QUE TO (OR I	A CONSEQUENCE (ectur, i		ctaized dys fure		my standing
			PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. And if kinds danger - vegetative 8 tate Cashing party - west failure Cashing party - which head failure Are not a vegetative and the underlying cause given in Part I. 1 yes 2 No 246. WER AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 yes 2 No					
MEDICAL	Cardionyon	nin dancy	h but not resulting	in the underlying	g cause given in	PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	anxic kro	nin dancy	ight h	centrity 26. P OTHER	LACE OF DEATH (PERFC 1 YES	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/ 28e. DATE OF INJU (Month, Dey, Ye	Dutpetlemt 3 DOA	26. P OTHER: 4 Quadraing Hor WW. W.	LACE OF DEATH (PERFC 1 YES	PRMED? 2 ₹ NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH	HOSPITAL: 1 Inpettent 2 ERA 28a. DATE OF INJU (Month, Day, Ye)	Dutpetlerit 3 DOA RY 28b. Til IN	26. P OTHER: 4 Description Horizont M 1	LACE OF DEATH (Come 5 Residence JURY AT JURY AT JURY 2 NO	PERFO 1 YES Check only one) 8 Other (Specify)	2 M NO INJURY OCCURED t and Number or Run	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHY	HOSPITAL: 1 Inputant 2 ER/ 28e. DATE OF INJU (Month, Dey, Ye) 28e. PLACE OF INJ	Outpatient 3 DOA RY 28b. Till IN URY — At home, farm, Specify)	26. P OTHER: 4 Defining Hor AE OF JURY W 1 Street, factory, officered at the time, date	LACE OF DEATH (C) The S Recidence JURY AT DRK? YES 2 NO Ca a and place, and do	theck only one) 1 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Fown, Stell as to the cause(a) and management of the cause(b) and management of the cause(a) and management of the cause(b) and ma	INJURY OCCURED t and Number or Run enner as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHY	HOSPITAL: 1 Inpetient 2 ERA 28e. PLACE OF INJU building, etc. (SICIAN: To the best of my k NER: On the best of xamin	Outpatient 3 DOA RY 28b. Till IN URY — At home, farm, Specify)	26. P OTHER: 4 Defining Hor AE OF JURY W 1 Street, factory, officered at the time, date	LACE OF DEATH (C) The S Recidence JURY AT DRK? YES 2 NO Ca a and place, and do	PERFC 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Fown, Steil is to the cause(a) and make time, data and place,	TINJURY OCCURED t and Number or Run enner as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO al Route Number, e(s) and manner as stated. ED (Month, Day, Year)
TO BE COMPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYONE) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inputant 2 ERA 28a. DATE OF INJU 28a. PLACE OF INJ building. etc. (SICIAN: To the best of my k NER: On the best of examin	Dutpatient 3 DOA RY 28b. Til IN URY — At home, farm, Specify) Death (ITEM 27) (Typ Death (ITEM 27) (Typ	26. P OTHER: OTHER: OTHER: WHAT JURY M 1 street, factory, officered at the time, date on, in my opinion,	LACE OF DEATH (Come 5 Residence JURY AT ORK? YES 2 NO case a end place, and do death occured at the second sec	PERFC 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Fown, Steil is to the cause(a) and make time, data and place,	INJURY OCCURED and Number or Run enner as stated. and due to the caus	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO al Route Number, e(s) and manner as stated. ED (Month, Day, Year)

BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be remissionally or attending physician,	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5
U	n 24 mot	ly filled
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ath certificate be executed within	ittending physician and completel
RECORDS,	w requires that the de	been signed by the a
OF VITAL	PHYSICIAN: The lan	this certificate has
DIVISION	L OR ATTENDING	DIRECTOR: After

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be reil TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mist be no TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYI	AND / DEPART			MENTA	L HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	ET E. JONES				2. DATE MONTI	OF DEATH	90 YE	3. TIME OF DE 7:00	
SOCIAL SECURITY NUMBER			IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	S. E	BIRTHPLACE (State or	Foreign
216-28-6793	1 □ M 2 X F 58	YRS.	IONTHS DAYS	HOURS MIN.	1.0	h, Day, Year) 22 31		Country) MARYLAND	
. FACILITY NAME (If not institution, give	e street end number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		COUNTY	OF DEATH	
5610 TRAMORE	XXXX ROAD		BALTI	MORE					
ESIDENCE OF DECEDENT 10b. COUI	NTY	10c. CITY.	TOWN OR LOCA	TION				10d. INSIDE CI	TY
And the second second								LIMITS?	
ARYLAND STREET AND NUMBER			BALTI	LTIUKE 1. ZIP CODE		100	. CITIZEN	OF WHAT COUNTRY	
	E DOAD				7 777	. 4			
5610 TRAMOR	12. WAS DECEDENT EVER	IN U.S. ARMED	13 WAS DE	CENDENT OF HISPA				SA BACE — American In	dien
☐ Never Married 2 🎇 Merried	FORCES? 1 YES	2 7 NO	If yes, s	oecify Cubsn, Maxico	en, Puarto I			RACE — American In- Black, White, atc.	
☐ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR	DATES	1 YES	S 2 X NO Specific	ry:			Specify: WHITE	
15. DECEDENT'S E	DUCATION	160. DECEDENT'S U	SUAL OCCUPATI	ON	16b	. KIND OF BUSINES	SS/INDUST	RY	
(Specify only highest gn	College (1-4 or 5+)	life. Do NOT use	rk done during m retired.)	ost of working					
9TH		HOUS	EWIFE						
FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, I	Middle, Maiden Sum	ame)		
PHILLIP D. W	RIGHT			MYRTI	EM.	WORDEN			
, INFORMANT'S NAME (Type/Print)	RIONI	19b. MAILING	DDRESS (Street	end Number or Rural			ste, Zip Cod	le)	
ANDREW J. JONES		5610	TRAMORE	E ROAD, I	BALTT	MORE, MI	21	214	
. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT						or Town, State	_
Buriel 2 Cremetion 3 R	emoval from State	MD VETE				GARRI	SON	FOREST, M	m.
SIGNATURE OF FUNERAL SERVICE	LICENSEE /	7)		ND ADDRESS OF F	ACILITY	-		, , ,	
· 6 600	- Apt	16	A. AI	LAN SEITZ	Z. JR	. FUNERA	L HO	ME	
3. PART I. Enter the diseases, o	A	1/1		ROLAND A					
Gequentially list conditions, f any, leeding to immediate leuse. Enter UNDERLYING	b	A CONSEQUENCE OF)		Carein	<u>o</u>			SA	ren
AUSE (Disease or injury net initieted events esulting in deeth) LAST	d	A CONSEQUENCE OF)	:						
ART II. Other significent condit	ions contributing to deeth	but not recuiting in	the underlying	ng ceuse given ir	Pert I.	24e. WAS AN AUT PERFORMED 1 YES 2	3	24b. WERE AUTOPSY AWAILABLE PRIC CDMPLETION D DF DEATH? 1 YES 2	F CAU
. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only o	ne)			
1 TYES 3 TO	1 Inpatient 2 ER/Ou			me 5 Desidence					
MANNER OF DEATH Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY W	JURY AT ORK?	26d. DE	SCRIBE HOW INJU	RY OCCUR	ED .	
2 Accident Investigation				YES 2 NO					
3 Suicide 6 Could not datarmined	building, atc. (Sp	RY — At home, farm, st ec/fy)	reet, factory, offi	ce	28f. LOC City	CATION (Street and for Town, State)	Number or F	lural Floute Number,	
nont	YSICIAN: To the best of my kno							euse(s) end manner a	e state
INGINATINE AND TITLE OF CERTI	FIER //			29c. LICENSE NU	IMBER	20	d DATE SI	GNED (Month, Day, Yes	nc)
1 10	no Hal	n n		0203		1	2/	21/92	/
0. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type,	Print)			hed 1	ult.	me 20	2.7
I. DATE FILED (Month, Day, Yeer)	32. REGISTRAN'S SIG		2	proces	10	1)		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
FFR 21]	9901 gula valor	1001							

ANN M. DIXON
31. DATE FILED (Month, Day, Year)

1990

- STATE REGISTRAR	01/112 01 11				HEALTH AND F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						MONTH		Y YI	EAR	3. TIME OF DEATH
CLARE				JENKIN	7	+	14-90			8:20PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR MONTHS DAYS		7. DATE (of BIRTH , Day, Year)		Country)	LACE (State or Foreig
216-10-3864	1 JM 2 - F	72	YRS.				20-17			ginia
90. FACILITY NAME (If not institution, give s Maryland General RESIDENCE OF DECEMENT		1			or Location of D			9c. COUNTY	OF DEA	ATTH
10e. STATE 10b. COUNT	Υ			TOWN OR LOC						10d. INSIDE CITY LIMITS?
MD.				Baltin						YES 2 NO
10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZEN	OF WH	IAT COUNTRY?
2509 Brookfie					21217				S.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	If yes,	Specify Cuban, Mexico ES 2 NO Specific	en, Puerto P		or No— 14.	Black, Specify.	- American Indian, White, etc. : Black
15. DECEDENT'S EDU	CATION	16e. Di	ECEDENT'S L	JSUAL OCCUPA	TION	16b.	KIND OF BUS	INESS/INDUST		DIACK
(Specify only highest grade	College (1-4 or 5	(0	Give kind of wa a. Do NOT use	ork done during retired.)	Point			tire		
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First, A	fiddle, Maiden S	Surname)		
Daniel J	enkins				901	1 v T	ohnso	273		
190. INFORMANT'S NAME (Type/Print)	CHICIIIO	19	9b. MAILING	ADDRESS (Street	et and Number or Rural				de)	
Ruth Minor					kfield					0101=
200. METHOD OF DISPOSITION		20h PLACE			cemetery, crematory or	Ave.		ATION — City		n State
1 Suriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	noval from State	other p	olece)	· ·						
21. SIGNATURE OF FUNERAL SERVICE LA	CENGEE	- (7)	arris		AND ADDRESS OF F		070	rings	Mi	11s, MI
Doutha	1			AZ. IVPANE	VIAN VANDUESS OF LA	HUNLI I			7	
NUMBER		3F.	281	FI	Phillip	c Fi	norel	Hame		721-27
			281		Phillip				e N	. Monro
23. PART i. Enter the diseases, or shock, or heert failure.	complications tha	t caused the d	eath. Do no						e N	. Monro
23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final	complications tha	t caused the d	eath. Do no						e N	. Monro
23. PART i. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition	complications the	t caused the duse on each lin	eath. Do no	ot enter the r		ch as card	liac or respi	ratory arrest	e N	Approximate intervel Bety Onset and D
23. PART i. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final	complications the List only one cau	t caused the duse on each lin	eath. Do no	rioscle	mode of dying, suc	ch as card	liac or respi	ratory arrest	e N	Approximate intervel Bety Onset and D
23. PART i. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition	a. Hyper	t caused the dise on each line	eath. Do note. arte:	rioscle	mode of dying, suc	ch as card	liac or respi	ratory arrest	e N	Approximate intervel Bety Onset and D
23. PART i. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Elet only one cat Hyper BUE TO DUE TO C.	t caused the dise on each lin- tensive	eath. Do note. arte:	rioscle	mode of dying, suc	ch as card	liac or respi	ratory arrest	e N	Approximate intervel Bety Onset and D
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23. PART i. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	a. Hyper b. Due to c. Due to d	t caused the dise on each line tensive (OR AS A CONSE	arte: arte: couence of	rioscle	erotic ca	rdiov	ascula	ar dise	e N	Monro Approximate Intervel Betwoen and Delivers and Deliv
23. PART i. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reautting in death) LAST	a. Hyper b. Due to c. Due to d	t caused the dise on each line tensive (OR AS A CONSE	arte: arte: couence of	rioscle	erotic ca	rdiov	24a. WAS AN PERFOR	AUTOPSY MED?	e N	Monro Approximate Intervel Betwoen and I Onset and I O
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23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Chronic alcohol.	a. Hyper B. DUE TO C. DUE TO d	t caused the dise on each line tensive (OR AS A CONSE (OR AS A CONSE death but not	eath. Do note. arte: EOUENCE OF EOUENCE OF resulting in	ot enter the r rioscle):): otherwise and risk	erotic ca	rdiov	24a. WAS AN PERFOR	AUTOPSY MED?	e N	MONTC Approximate Intervel Betwoen and D WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU
23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Chronic alcohol. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XMXES 2 □ NO	Complications that List only one cau. Hyper BUE TO DUE TO C. DUE TO d. Ina contributing to I SM HOSPITAL: 1 Inpatient 2X	t caused the dise on each line tensive (OR AS A CONSE (OR AS A CONSE death but not	eath. Do note. arte: EOUENCE OF EOUENCE OF resulting is	ot enter the r rioscle):): other: 4 \(\text{Number} \)	erotic ca	rdiov	24a. WAS AN PERFOR 1 YES \$\frac{1}{2} \text{YES }\frac{1}{2} \text{YES }\text{YES }YES	AUTOPSY MED? TION	e N	MONTC Approximate Intervel Betwonset and D WERE AUTOPSY FIND AMAILABLE PRIDE TO COMPLETION OF CAU OF DEATH?
23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Chronic alcohol.	a. Hyper B. DUE TO C. DUE TO d	t caused the dise on each line. tensive (or as a consect of the c	eath. Do note. arte: EOUENCE OF EOUENCE OF resulting in	ot enter the r rioscle):): other: 4 □ Nursing H EOFURY 28c.	erotic ca	rdiov	24a. WAS AN PERFOR	AUTOPSY MED? TION	e N	MONTC Approximate Intervel Betwonset and D WERE AUTOPSY FIND AMAILABLE PRIDE TO COMPLETION OF CAU OF DEATH?
23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Chronic alcohology. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXXXES 2 NO 27. MANNER OF DEATH	Example at least only one cau B. Hyper B. DUE TO C. DUE TO d	t caused the dise on each line. tensive (or as a consect of the c	eath. Do note. arte: EQUENCE OF EQUENCE OF resulting is	ot enter the r rioscle):): otherwise the underly otherwise the underly otherwise the underly and the underly otherwise the underly and the underly otherwise the underly and the underly and the underly otherwise the und	erotic ca: erotic ca: eling cause given in Place of Death (clome 5 Residence injury at work? YES 2 NO	n Part I.	24a. WAS AN PERFOR 1 YES \$\frac{1}{2} \text{YES }\frac{1}{2} \text{YES }\text{YES }YES	AUTOPSY MED? TION	24b. (MONTO Approximate Intervel Betwoest and Delivers and Deli
23. PART i. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condition Chronic alcohology 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XIXES 2 NO 27. MANNER OF DEATH XX Marteri 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS)	A Contributing to Case PLACE Contributions.	t caused the dise on each line tensive (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not tensive tens	eath. Do note. arte: EOUENCE OF EOUENCE OF resulting is 3 □ DOA 28b. Time injute Boome, farm, see the occurre	ot enter the r rioscle):):): other: 4 Nursing H EOF URY M 1 [treet, factory, or	erotic ca: erotic ca: eling cause given in Place of Death (clome 5 Residence injury at work? YES 2 NO	n Part I. 6 Other 28d. DES	24a. WAS AN PERFOR 1 YES \$\frac{1}{2}\text{YES }\frac{1}{2}\text{YES }\frac{1}{2}Y	AUTOPSY MED? TION NJURY OCCUP and Number or	24b. Rural Ru	MONTC Approximate Intervel Betwoen and D Onset and D WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YESXX NO
23. PART i. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condition Chronic alcohology in the condition of the c	Complications the List only one cau a. Hyper BUE TO DUE TO DUE TO d. DUE TO G. DUE TO DUE	t caused the dise on each line tensive (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not tensive tens	eath. Do note. arte: EOUENCE OF EOUENCE OF resulting is 3 □ DOA 28b. Time injute Boome, farm, see the occurre	ot enter the r rioscle):):): other: 4 Nursing H EOF URY M 1 [treet, factory, or	PLACE OF DEATH (Clome 5 Residence INJURY AT WORK? YES 2 NO	rdiov Part i. Part i. 28d. DES 28f. LOC City to the case of time, date	24a. WAS AN PERFOR 1 YES \$\frac{1}{2}\text{YES }\frac{1}{2}\text{YES }\frac{1}{2}Y	AUTOPSY MED? TION NUMBER OCCUPANT OCC	24b. 1	MONTO Approximate intervel Set Onset and I

Penn Street, Baltimore, MD 21201

WIFO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Tavidson-Randalle

DHMH-16 Rev 1/89

VC

Double State

BALTIMORE, MARYLAND 21203-3146

1

FUNERAL DIRECTOR

ВУ

BE COMPLETED

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2 resulting in death)

thet initiated events resulting in death) LAST

Natural

2 Accident

3 Sulcide

4 Homicide 29a. CERTIFIER

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

i	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e
	SUNO	d in b	теф
ı	24 h	filler on.	he
	thin	ettely	nt, t
5	W be	I. Cri	eve
	ecute	nd co	tic
,	9	an al	Ë
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)	tifica	g ph	ther
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	death	atte	7
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	that	to the	any
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1	redu	of l	sho
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	INSIC	is ce	ed,
,	占	中中	ark
5	NION	Afte	IS IT
5	TTEN	after after	28
	DR A	DIREC	tem
-	TAL	AL Z	=
	OSPI	JNE	IN
	부	HE FI	JHT.
	110	O The	MPC
	Inne	- 0	-

1. DECEDENT'S NAME (First DESSIE VII		JONES		R				2. OATE OF DEATH 02 - 14	- 19	990 ^N	3. TIME OF DEATH 4:15 P.M.
4. SOCIAL SECURITY NUM 220107283	BER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Apr 30,	1916	8. BIRT	
90. FACILITY NAME (II not II SACRED HEA	ART HOS			9	Cum	on Locati Derla		EATH		LEGAL	NY COUNTY
RESIDENCE OF DE- 10a. STATE	10b. COUNT	v eral	3 (4)		TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS? t X YES 2 NO
10 N. Mai		et			1	01. ZIP COD 26	726		100	U.S.	WHAT COUNTRY? A.
11. MARITAL STATUS 1 Never Married 2 2 3 Wildowed 4 Div		FORCES?	VT EVER IN U.S. ARI I ☐ YES 2XX N MAR OR DATES		If yes, t		in, Mexica	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No-	Spec	E — American Indian, ik, White, atc. city:
	CEDENT'S EDU ly highest grade 0-12)		(Gi		SUAL OCCUPAT rk done during retired.)		ng	16b. KIND OF BUS	SINESS/IN	DUSTRY	
8		111123	01	wner				Printi	ng S	ervi	ce
17. FATHER'S NAME (First, F	Aiddle, Last)					18. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)		
Edwar	d	Murphy					Pear	1	Rigg	1ema	n
19a. INFORMANT'S NAME	Typa/Print)		198	MAILING A	ODRESS (Street	and Numbe	r or Rural	Route Number, City or Tow	n, State, Zi	ip Code)	
Ruth Moomau				Star 1	Rt 5 1	Box 2	06	Keyser, W	V 2	6726	
200 METHOD OF DISPOSI 1 A Burtel 2 Comment 4 Donation 5 M-Other	on 3 🗆 Ren	squel from State	other pla	ice)	Memor:				cation -		own, State
21. SIGNATURE OF FUNER	AL SUPPLICE LA	dyses	0		Rot1	AND ADORE	ss of fa Fune	ral Home			726

PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.

DUE TO (OR AS A CONSEQUENCE OF):

therosclause

DUE TO (OR AS A COR

24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:
17 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)

26. PLACE OF DEATH (Check only one, ne 5 🗆 Realdence 8 🗆 Other (Specify)

OTHER: 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED м 1 YES 2 NO 28s. PLACE OF INJURY -- At home, farm, street, factory, office building, atc. (Specify)

(CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. Z MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

296. SIGNATURE AND THILE OF CERTIFIER

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MAZZOCCO VICTOR E.

5 Pending

Investigation

Could not be determined

912 SETON DRIVE CUMBERLAND, MD 21502

32 REGISTRAR'S SIGNATURE

1 2931

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR After this certificate is executed within 124 hours after death, Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR After this certificate is executed within 124 hours after death with the State Death. of Health and Mental Hygients prior to burfal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	FOR STATE REGISTRAR			IT OF HEALTH AND	MENTAL HYGIEN	E	
1. DE	CEDENT'S NAME (First, Middle, 1994)	MARD E	KROH		2. DATE OF DEATH DA	90 YEAR	3. TIME OF DEATH A
4. 50	12.07.4280	5. SEX 6. AGE (yrs. lest birthday) IF UND YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	97 8. BIF	THPLACE (State or Foreign untry)
	ST-AGNES STORES STOR	HOSPITAL	9b. Cr	RALTO	EATH	9c. COUNTY OF	DEATH
100	MD 10b. COUNT	BALTO CO	EN CATE	- 11			10d. INSIDE CITY LIMITS? 1 YES 2 NO
A P	STREET AND NUMBER OG HV V MARITAL STATUS	VHEATO	Y PIAC	101. ZIP CODE	18	1.	SA
3 🗆	Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	3. WAS DECÉNDENT OF HISPA If yes, specify Cuban, Maxico 1 YES 2 NO Specif	an, Puarto Rican, atc.)	Sp	ACE — American Indian, sect, White, etc.
E E	15. DECEDENT'S EDI (Specify only highest grad	UCATION de completed) College (1-4 or 5+)	18e. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working	MD,	TATE	
ŭ	ATHER'S NAME (First, Middle, Last)	KROH	DOPER	16. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)	TORN
190. 1	INFORMANT'S NAME (Type/Print)	ROH	19b. MAILING ADDRE	SS (Street and Number or Rural WHEATSN F	Route Number, City or Ton	対地で	MP
	METHOD OF DISPOSITION Burlel 2 Cremetton 3 Rem Donation 5 Other (Specify)		other piges)	Name of cometery, crematory or	20c. LO	BALT	State MI7
21. \$	IGNATURE OF FUNERAL SERVICE L	JAWON	er 3	2. NAME AND ADDRESS OF FA	NOSON A	RPJ.	WESER
IMM dise	PART I. Enter the diseases, or shock, or heert failure dependent of the same or condition delting in death)	a. FECAL	d the death. DD nDt entrech line. PERITON A CONSEQUENCE OF):		ch ea cerdlec or reapi	ratory arreat,	Approximate interval Betwee Onset and Deet
CAU thet	guentielly liet conditions, ny, leeding to immediate se. Enter UNDERLYING ISE (Disease or injury initiated events uiting in deeth) LAST	· METASTA	CONSEQUENCE OF):	OF RECTE	STEMU: 7		0~1
PAF	PNeumonif	4			Pert i. 24s. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. V	WAS CASE REFERRED TO MEDICAL		7	26. PLACE OF DEATH (C	heck anly one)		
	EXAMINER?	HOSPITAL:	patient 3 DOA 4 DA				
27. W	Naturel 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
O 3	Suicide 8 Could not be determined	28a, PLACE DE INJURY	f — At home, farm, atreet, f	actory, offica	281. LOCATION (Street City or Town, State)	and Number or Rur	al Route Number,
٥	one)	SICIAN: To the best of my know					se(a) and manner as stated.
296.	SIGNATURE AND THE OF CERTIFIE	1 mz.	1	29c. LICENSE NU 35243853	8-731	1 2/2	
I	AME AND ADDRESS OF PERSON W		900 5.	CATON AJ	e BALT	inveri	2122
	ED 21 1990 4	Lulia Savidson-Ran	dell				

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217- 9a. FACILITY 954 RESIDENT 10a. STATE Md 10a. STREET 11 16 11, MARIITAL: 1 Never M 3 Widowe Elementer 17. FATHER'S Jame 19a. INFORM.	AND NUMBER Harlem Au STATUS In Divorced (Specify only highest grad y/Secondary (0-12) NAME (First, Middle, Lest)	etreet and number) Penterect – Maryland TY CNUC 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR DUCATION to completed)	yrs. More privary 9b State 10c. CITY, TO Balt	DAYS CITY, TOWN OR Baltim DOWN OR LOCATION LIMOTE 101. 2	ore Cit		Cou	TTHPLACE (State or Foreign intry) LYLAND DEATH
954 RESIDENT 10e. STATE Md 10e. STRET 1. MARITAL: 1. Never M 3 Widowe Elementar 17. FATHER'S J ame 19a. INFORM.	AND NUMBER Harlem Au STATUS In Divorced (Specify only highest grad y/Secondary (0-12) NAME (First, Middle, Lest)	PULL 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	10c. CITY, TO Balt	Baltim OWN OR LOCATIO LIMO Te 101. 2 2	ore Cit		9c. COUNTY OF	DEATH
10e. STATE Md 10e. STREET 1 1 6 11, MARITAL: 1 Never M 3 Widowe Elamentar 17. FATHER'S Jame 19a. INFORM.	AND NUMBER Harlem Au STATUS erried 2 Married d 4 Divorced 15. DECEDENT'S EDI (Specify only highest grad y/Secondary (0-12) NAME (First, Middle, Lest)	P. N. U. P. 12. WAS DECEDENT EVER FORCES? 1 ☐ YES IF YES, GIVE WAR OR D. UCATION To completed)	Balt	101. 2 13. WAS DECE	EIP CODE			
10e. STREET 11 1 6 11, MARITAL: 1 Never M 3 Widowe Elamentar 17. FATHER'S Jame 19a. INFORM.	Harlem Au STATUS lerried 2 Married d 4 Divorced 15. DECEDENT'S EDI (Specify only highest grad y/Secondary (0-12) NAME (First, Middle, Lest)	12. WAS DECEDENT EVER FORCES? 1 ☐ YES IF YES, GIVE WAR OR I UCATION le completed)	IN U.S. ARMED	101. 2 2				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
11, MARITAL: 1 Never M 3 Widowe Elamentar 17. FATHER'S Jame 19a. INFORM.	STATUS larried 2 Married d 4 Divorced 15. DECEDENT'S EDI (Specify only highest grad y/Secondary (0-12) NAME (First, Middle, Lest)	12. WAS DECEDENT EVER FORCES? 1 ☐ YES IF YES, GIVE WAR OR I UCATION le completed)	2 NO	13. WAS DECEN	1717		10g. CITIZEN OF	WHAT COUNTRY?
17. FATHER'S Jame	(Specify only highest grad y/Secondary (0-12) NAME (First, Middle, Last)	le completed)		If yes, spec	DENT OF HISPAN	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	Bte	CE — American Indian, ack, Whita, etc. octly: Black
Jame 19a. INFORMA		College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re CLerk	done during most tired.)		16b. KIND OF BUS	SINESS/INDUSTRY	TIME
						ME (First, Middle, Maideo Line Nash		
Genal	ant's name (Type/Print) dine Madd	ox	19b. MAILING AD 4 4 0 5 F	TANCOV	Number or Rural I	goute Number City or Tow LVE Balti	more,	Md 21206
1 D Burlal	OF DISPOSITION 2 Cremetton 3 Rem	noval from State	HESTERN S	ON (Name of come Stan C	tory, cromatory or 2metari	20c. LO	CATION — City or	Town, State Le Maryla
	ahock, or haart failure. E CAUSE (Finel condition	0		enter the mod	e of dying, suc	h as cardiac or resp	Baltîmo Iratory arrest,	Approximate Interval Betwee Onsat and Dear
cause. Ent CAUSE (Di that initiate	ly list conditions, ling to Immediate ar UNDERLYING sease or Injury and events in deeth) LAST	bDUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):					
PART II. O	har significant condition	ons contributing to death	but not resulting in t	the underlying	cause given in	Part I. 24a. WAS AN PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EXAMINE	E REFERRED TO MEDICAL ER?	HOSPITAL:		THER:	CE OF DEATH (CH	s Cother (Specify)		
27. MANNER 1 Natu 2 Acct 3 Suic	OF DEATH ral 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year) 2-10-90 F 28a. PLACE OF INJUR	28b. TIME 0 INJUR OUND 2:35 TY — At home, farm, stre	Y WOR	RY AT K?	Subject S	tabbed a	and strangle
29a. CERTIFII	icide detarmined	building, alc. (Sp	HOME		and place, and dua			et,Baltimore
one)	")	NER: On the besis of examinat		in my opinion, de		lime, data and place, a	nd due to the caus	se(a) and menner as stated. IED (Month, Day, Year)
30. NAME AN	Du	/HO COMPLETED CAUSE OF D		int)	00		▶ 2-:	11-90

English was the second

BALTIMORE, MARYLAND 21203-3146

IMPORTANT; if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

-	REGIOTIAN				10/11		DEA		P the	d. 110.		
	1, DECEDENT'S NAME (First, Middle, Last A	lbert		King					2. DATE OF DE MONTH 2 -	DAY	YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIR	TH	8. BIRT	HPLACE (State or Foreign
	579-12-4672	KKX M 2 - F	70) YRS.	MONTHS	DAYS	HOURS	MIN.	2/15/2	O Year)	VI	rginia
	9e. FACILITY NAME (If not institution, give	street end number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	ATH	9c.	COUNTY OF	DEATH
OR	Kensington Gard	ens Nurs	ing Hon	ne	K	ens	ingto	n, M	d	M	ont	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	TV		T 40- 017	TOWN!	001000	TION			_		10d, INSIDE CITY
FUNERAL DIRECTOR	10e. STATE 10b. COUN			W. W	ashi	ngto	n					LIMITS?
7	10e. STREET AND NUMBER					10	r. ZIP COD	Ε		104	g. CITIZEN OF	WHAT COUNTRY?
ER/	2228 Chester St	SE					20020				USA	
B⊀	11. MARITAL STATUS 1 Never Merried X X Merried 3 Widowed 4 Divorced		NT EVER IN U.S. *** ** ** ** ** ** ** ** **		13.	If yes, s		n, Mexice	NIC ORIGIN? (Spe in, Puerto Ricen, y:		Bla	CE — American Indian, ck, White, etc.
ED	15. DECEDENT'S ED (Specify only highest gra		16a.	DECEDENT'S	work done	during m	ION lost of working	ng	18b. KIND	OF BUSINES	SS/INDUSTRY	
LEI	Elementary/Secondary (0-12)	College (1-4 or 5		life. Do NOT u)						
×	llth Grade	None	56	curit	9		T				_	
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) William	Kina						HER'S NA arl	ME (First, Middle, Willi		eme)	
BE	19e. INFORMANT'S NAME (Type/Print)		1	19b. MAILIN	G ADDRES	SS (Street			Route Number, City		ate, Zip Code)	
2	Catherine King			Same	as	10a	b,c,	d,e,	&f			
	20e. METHOD OF DISPOSITION XX Burtat 2 Cremation 3 Re 4 Donetion 5 Other (Specify)	moval from State	othe	CE OF DISPO		lame of c	emetery, crei	metory or			on - chy or ingtor	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22	. NAME /	ND ADDRE	SS OF FA	CILITY JO	hn T	Rhines	CO
	Polat L. P.	Que		~		302	15 12	th S	t NE, D			
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DIVE TO	O (OR AS A CON O (OR AS A CON O (OR AS A CON	iseouence of	140 0F):		dia Cur	re la	Marc	ton	au	nd
	PART ii. Other aignificent conditi	d	o death but n	ot requising	In the t	ınderlui	20000	alven in	Part i 24a	WAS AN AUT	mpey 1	No. WERE AUTOPSY FINDINGS
MEDICAL				- Toouting		anderiy.		91001111		PERFORMED	27	ANAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL					28,	PLACE DF	DEATH (C/	heck only one)			
300	EXAMINER?	HOSPITAL:	☐ EB/Outpatien	1 3 D DOA	OTHE		me 5 B	aaldansa	8 Other (Spe	c/h/s		
Y PHYSICIAN:	27. MANNER OF BEATH 1 Natural 5 Pending Investigation	28e. DATE C (Month,		28b. Tf		28c. II	JURY AT YORK?		28d. DESCRIB		RY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not to 4 Homicide determined	28e. PLACE building	OF INJURY — A	t home, farm.	, street, fa	ectory, of	Ice		28f. LOCATION City or Tow		Number or Rura	Il Route Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAM											e(e) end menner es stated.
TO BE C	NO. SIGNATURE AND TITLE OF CERTIF	1111					29c. LIC	ENSE NU	S44	29	d. DATE SIGN	ED (Month, Day, Your)
	30. HAME AND ADDRESS BY PENSON		7		oe, Print)						/	
	31. DATE FILEU (Month, Day Year) 1991) fulia Da	vidson-A	indelle								

_	FOR STATE REGISTRAR	STATE OF MAR		DEPARTME ERTIFICAT			D MENTA	REG. NO.		50	0 -7 2 1	~
	1. DECEDENT'S NAME (First, Middle, Last Laverne Fran		ew Le	nable			MONTI	of DEATH DAY	YE	AR	S:03PM	м
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las		DER 1 YEAR	IF UNDER 24 HR		OF BIRTH 1, Day, Year) / 28 / 42		Country)	CE (State or Foreign	
OR	9a. FACILITY NAME (If not institution, given 3931 Ridgewood					or Location of			e, COUNTY	OF DEATH	н	
DIRECTOR	MD .	YTY		10c. CITY, TOW	n on Loca alti						I. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER 3931 Ridgewo	od Avenue		Б	10	21215					COUNTRY?	_
BY FUN	11. MARITAL STATUS 1. Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 5	MED	IS. WAS DEC		xican, Puarto I	I? (Specify Yas or Rican, etc.)	No- 14.	RACE - Bleck, WI	American Indien, hita, atc. Lack	
8	15. DECEDENT'S E (Specify only highest gn Elementery/Secondery (0-12)	DUCATION ade completed) College (1-4 or 5+)	(G	CEDENT'S USUAL ive kind of work do Do NOT use retire	ne during mo		16b	. KIND OF BUSIN	ESS/INDUST	TRY		
COMPLET	17. FATHER'S NAME (First, Middle, Last)						NAME (First, I	<u>leat W</u> Middle, Maiden Su	- 2	r		-
TO BE	Berry McDrew 19a. INFORMANT'S NAME (Type/Print)	: - 1- 4-	19	b. MAILING ADDR		and Number or Ru					015	-
	Henry Drumwr 20e. METHOD OF DISPOSITION \$\int \text{Disposition} 3 R 4 Donation 5 Other (Specify)		20b. PLACE Will	OF DISPOSITION	(Name of ce		or		TION - City	or Town,		
	21. SIGNATURE OF FUNERAL SERVICE	DO CHO			22, NAME A	ND ADDRESS OF	FACILITY			17	721-27 Monro	e
	23. PART I. Enter the diseases, to shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Hypertens	on sach iins	rterios							"Approximata interval Betwee Onset and Dsa	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	C	AS A CONSEC									
CAL	PART II. Other significant condition Diabetes Mel	lons contributing to dealitus	ith but not (resulting in ths	undsriyin	g cause given		24a. WAS AN AL PERFORM	ED?	AW/	RE AUTOPSY FINDING ALABLE PRIOR TO MPLETION OF CAUSE DEATH?	_
AN: MED											X YES 2 NO	
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXX YES 2 NO 27. MANNER OF DEATH	HOSPITAL:			IER: Nursing Hon	Realder	ice 6 🗆 Othe	r (Specify)				
D BY PHY	2. MANNER OF DEATH 2 Accident Investigation 3 Suicide 6 Could not	28. PLACE OF IN	(bar)	28b. TIME OF INJURY M	1 🗆	JURY AT DRK? YES 2 NO	28f. LOC	ATION (Street and			e Number,	
COMPLETE	4 Homicida determined		knowledge, da				dua to the car			euse(s) en	of manner as stated	
TO BE CO	SEMATURE AND TITLE OF CENTIL	red Alle	h	Ad		29c. LICENSE OCME			29d. DATE SI		onth, Day, Year)	
	MARIO F. GOLLE		OF DEATH (ITE	M 27) (Type, Print) 111 Per	n St	reet,Ba	ltimor	re,MD	21201		7	70

FEB 21 1990 July Davidson-Nanous

DHMH-18 Rev 1/89

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or remoral,

FOR STATE REGISTRAR	STATE OF MARY	CERTI	FICATE	E OF D	EATH		REG. NO			
I. DECEDENT'S NAME (First, Middle, Las	()					2, DAT	E OF DEATH	AY	YEAR	3. TIME OF OEATH
JOSEPH N. MAL	ANOWSKI, SI	R.					15/90		TEAN	4:15 A
25201 SECURITY 9 UNRES		E (In yrs. last birthday	MONTHS		UNDER 24 HRS.	7. OATE	E OF BIRTH oth, Day, Year)		6. BIRTH Countr	IPLACE (State or Foreign
REGERESE	1 XM 2 D F	63 YRS.				09/	25/26		Mar	yland
a. FACILITY NAME (If not institution, giv			9b. CITY	r, TOWN OR L	OCATION OF E	EATH		9c. COUN	ITY OF D	EATH
CHURCH HOSPIT	AL CORPORA	LION	BA:	LTIMO	ORE C	TY				
00. STATE 10b. COU	ПУ			OR LOCATION		7				10d. INSIDE CITY
0. STREET AND NUMBER			DALII.							1 YES 2 NO
	Cm			101. 211	PCODE			USA	ZEN OF W	YHAT COUNTRY?
8XX 1804 BANK	12. WAS DECEDENT EVER	R IN U.S. ARMED	13.	WAS DECENE	2123	NIC ORIG	IN? (Specify Yes	or No	14. RACE	American Indian,
Never Merried 2 Merried Widowed 4 Olvorced	O3/14/45 1			If yes, specify	y Cuben, Mexic	en, Puerto	Rican, etc.)		Special White	ty.
15. OECEOENT'S E (Specify only highest gra	DUCATION (de completed)	16a. DECEDENT	'S USUAL O	CCUPATION during most of	f umrking	16	b. KIND OF BU	SINESS/IND	USTRY	
Elementery/Secondery (0-12)	College (1-4 or 5+)	fife. Do NOT	use retired.)		WORING					
2th Grade		Western	Elec							
7. FATHER'S NAME (First, Middle, Last)				18			Middle, Maiden			
nthony Malanows	1	405 144111	NC ADDRESS	0./01			Unknownber, City or Tow			
arcella Malanows	ski				t Balt				Code)	21 221
100. METHOD OF DISPOSITION		20b. PLACE OF DISP				ПІЮГ		Md CATION —	City or To	21231 wn. State
Burial 2 Cremation 3 Re	moval from State	Garrison				Com		ngs M		
			2 27	100 40			· OAATT	IGD FI.	1110	rice.
11. SIGNATURE OF FUNERAL SERVICE	1. Wibe	12)	Edw		. Webe	r F.I	H. 401			
23. PART I. Entar tha disaases	r complications that cause. List only ona cause on PROBABLY	sed the death. Do a sach line. MI RESU.	Edwonot antar	tha moda G IN ORONA	SEVER	ch as ca	LEEDI LEEDI LE DIS	iratory arm	ont,	Approximata interval Between
23. PART I. Enter the diseases of shock, or heart tellur immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	r complications that cause. List only one cause on PROBABLY I	NA PONSEQUENCE	Edwonot antar	or the mode G IN ORONA SOPHA	SEVER	r F.I	rdisc or resp	iratory arm	ont,	Approximata interval Between
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami
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ALING ADDRESS 6 Pall ISPOSITION (Na		Elizal	ame (First, beth				
6 Pall		and Number or Rura	-				
6 Pall		and Number or Rura	-				
6 Pall			HOULD NUM	ber, City or Tov	wn, State, Zip	Code)	
S Memor	Mar	1 Road	B-14		1/	1	.1 21215
s Memor	me or cen	metery, crematory or	LALL	20c. L.C	OCATION —	City or T	Town, State
- 161 F 1111 A.	-i -1	Dant		b.	14:		11 1 1
22.1	NAME AN	ND ADDRESS OF F	ACILITY A	1.44	T.	re	Maryl and
) 2	2501	Gwynns	Fall	s Pkw	rune	rai	Maryland Homes, Inc
	Balt	imore, h	Jaryl	and	21216		
Do not enter	the mo	ode of dying, au	ch aa car	diac or reap	piretory an	rest,	Approximate intervsi Between
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							AVAILABLE PRIOR TO COMPLETION OF CAUSE
							OF DEATH?
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arm, street, fact	tory, offic	00	281. LO	cation (Street or Town, State	! and Number e)	r or Rurel	Route Number,
ccurred at the t	ime, date	and place, and de	us to the ca	use(a) and m	anner aa sta	nted.	
tigation, in my o	opinion, d	death occured at th	ne time, dat	a and place, a	ind due to ti	he cause	(a) and manner as stated
		29c. LICENSE N	UMBER		29d. DAT	E SIGNE	ED (Month, Day, Year)
KC KC	CE OF): CE OF): CE OF): ting in the un OA 4 Nur N. TIME OF INJURY M arm, street, fact	CE OF): CE OF): ting in the underlyin 28. P OTHER: OA 4 Nursing Hon 1. TIME OF INJURY M 1 = arm, street, factory, office	CE OF): CE OF): CE OF): 28. PLACE OF DEATH (CONTENT) OA 4 Nursing Home 5 Residence O. TIME OF 2ac, INJURY AT WORK? M 1 YES 2 NO arm, street, factory, office Courred at the time, date and place, and disgation, in my opinion, death occured at the	CE OF): CE OF): 28. PLACE OF DEATH (Check only of the control of the Nursing Home 5 Residence 8 Oth Nursing Home 5 New York 1 YES 2 NO Norm, street, factory, office 28f. LOCChy	CE OF): CE	CE OF): CE	CE OF): CE

M.D.-Deputy

32. REGISTRAR'S SIGNATURE

Additional Conference of the Conference of t

Ann M. Dixon, 31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

21201

111 Penn St., Baltimore, MD

BALTIMORE, MARYLAND 21203-3146	mours after death. Page 6 mm are made by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct.	n, or removal.	e medical examiner must be dutified at once
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2+ nours after death. Page 6 imm. The law pipe hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely fill	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Hom 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be newfield at once.
DIV	DR A	DIRE	hours	Hem

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL	HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	MCJONES				2. DATE (OF DEATH	YEAR	3. TIME OF DEATH
579_30_9543	1 - M 2 XF	72 YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	Jan 2	Day, Year) 21, 1918	Vii	rginia
99. FACILITY NAME (If not institution, give stre	HUSPITAL			TIMULE	MO		ALT	emore more
100. STATE 10b. COUNTY Maryland Balti	more		own or locat					10d. INSIDE CITY LIMITS? 1 YES 2 XNO
10e. STREET AND NUMBER	,			ZIP CODE				WHAT COUNTRY?
8108 Streamwood Dr 11. MARNITAL STATUS 1 Never Married 2 Married 3 & Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? t YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DEC	1208 ENDENT OF HISPAN polity Cuben, Maxica 2 NO Specify	n, Puerlo Ri	(Specify Yea or No-	S.A. 14. RAC Blac Spe	CE American Indien, ck, White, etc.
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (9-12)	TION ompleted) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	IAL OCCUPATIO done during mo lired.)	IN st of working	18b.	KIND OF BUSINESS/	INDUSTRY	Black
Grade School		Domesti	С		Pr	ivate Fa	mily	
17. FATHER'S NAME (First, Middle, Last)						iddle, Melden Surneme	9)	
Kale Dillard 190. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	Ellen		er, City or Town, State.	Zin Code)	
Jouce Dillard						esville.	_,,	21208
20e METHOD OF DISPOSITION A Burlal 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)		PLACE OF DISPOSITION (Control of the place)	N (Name of cer	netery, crematory or		20c. LOCATION	- City or	Fown, Stata
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	rbutus Me	22. NAME AN 2501	O ADDRESS OF FA	alls	utter Fu Pkwy. nd 21216	neral	Homes, In
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF): UNDLA CONSEQUENCE OF): ONSEQUENCE OF):	eat 4	alne				Onset and Dec
PART II. Other significent conditions	contributing to deeth bu	t not resulting in t	he underlyln	g cause given in	Pert I.	24e. WAS AN AUTOPS PERFORMED? 1 YES 2 LANG	SY 24	Bb. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	HOSPITAL:		THER:	ACE OF DEATH (Ch				
27. MANNED-OF DEATH	1 ☑ Inpatient 2 ☐ ER/Outpat 28s. DATE OF INJURY	26b. TIME O	F 28c. INJ			(Specify) CRIBE HOW INJURY	OCCURED	
1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Year) 26e. PLACE OF INJURY -	- At home, farm, street	M 1 🗆	RK7 /ES 2 NO		TION (Street and Nurr		I Pourba Mumbar
4 Homicide 6 Could not be determined	building, etc. (Specif	y)			City o	r Town, State)		, , , , , , , , , , , , , , , , , , , ,
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AN: To the best of my knowle On the basic of examination							(s) end menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER LICENCE A. Com	0 201 0	House Pl		29c. LICENSE NUI	MBER	29d. (DATE SIGNE	18-90
30. NAME AND ADDRESS OF PERSON WHO TERANCE LAMB	HONE WOOD					mD a	1218	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA							

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and combe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, or IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic ev

DHMH-16 Rev 1/89

the burial-transit permit. Pages 1, 2, 3 should

ding physician.

D 21203-3146

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

1 - STATE REGISTRAR		CERTI	FICATE C	F DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Les MILORED	" 框。	MUTH			2. DATE O		YEAR 90	2:55 P M
4. SOCIAL SECURITY NUMBER 212-18-7823	5. SEX 1 M 2 XXF	77 YRS.	MONTHS DAY		7. DATE 0 (Month, 2 – 2	Dey, Year)	Country)	yland
98. FACILITY NAME (# not institution, give Francis Scott K		Center		nore City	EATH	9c. CO	UNTY OF DEA	ATH
Francis Scott K RESIDENCE OF DECEDENT 10a. STATE 10b. COU Maryland - 10c. STREET AND NUMBER 3401 Elliott St 11. MARITAL STATUS	NTY		aty, town on Lo					IOd. INSIDE CITY LIMITS?
100. STREET AND NUMBER 3401 Elliott St	reet			101. ZIP CODE 21224			TIZEN OF WH	IAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes	DECENDENT OF HISPA , specify Cuban, Mexico YES 2 NO Specif	an, Puerto R	(Specify Yas or No-	14, RACE - Black, Specify	- American Indian, White, atc. White
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 9th 17. FATHER'S NAME (First, Middle, Lest)		(Give kind	rs usual occup of work done during use retired.)		16b.	KIND OF BUSINESS/IN	IDUSTRY	
9th 17. FATHER'S NAME (First, Middle, Lest)		Sto	rekeepe		AME (First, M	Food.		
Frank Henry B	rocklander			Fles	ie Sch	n d		
19a. INFORMANT'S NAME (Type/Print)		19b, MAILI	NG ADDRESS (Str	eet and Number or Rural			Zip Code)	
Eleanor Pierosch	ek			Road, Gle				
20g, METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	amoval from State	20b. PLACE OF DISF other place)	POSITION (Name o	cemetery, crematory or		20c. LOCATION -	- City or Tow	
21. SIGNATURE OF FUNERAL SERVICE	LICENSES	Oak D		etery E AND ADDRESS OF FA tthews Fun		Baltimo	re, M	d
Chan J.	made	heus		21 Eastern			M.	1 21224
IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	b. DUE TO (C	EPHALOPOR AS A CONSEQUENCE MOWN OR AS A CONSEQUENCE OR AS A CONSEQUENCE	E OF):					Onset and Death
	diona contributing to d	leath but not resulting	ng in tha under	lying cause given in	Part I.	24a. WAS AN AUTOPS PERFORMED?		WERE AUTOPSY FINDINGS AWAR ABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH						7		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			6. PLACE OF DEATH (C	heck only on	9)		
1 YES 2 NO 27. MANNER OF DEATH			TIME OF 280	Home 5 A Residence INJURY AT WORK?	_	(Specify) CRIBE HOW INJURY C	OCCURED	
2 Accident investigation	28e. PLACE OF building, e	INJURY — At home, fam tc. (Specify)		YES 2 NO	281. LOCA	ATION (Street and Number Town, State)	ber or Rural Ro	oute Number,
anal	IYSICIAN: To the best of n							and manner as stated.
Calut () clum ()	Waver	D. Rosm	00 m.	29c. LICENSE NU D 38.	JMBER 737	29d. D	ATE SIGNED	Marith, Day, Year)
30. NAME AND ADDRESS OF PERSON 21. DATE EN ED MACHINE DEL MACH	TERN A	VE. IE	SALT,	MO,	212	124 (R)	OBEET	- DECKMAN
FEB 21 1990	32. REGISTRAR	toon-Handall						

YEAR

1990

2. DATE OF DEATH DAY Feb. 16

16

3. TIME OF DEATH

DHMH-18 Rev 1/8#

1. DECEDENT'S NAME (First, Middle, Last)

James

Murphy

William

BYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within servicurs after of TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Degt, of Health and Mental Hyglene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	7. DATE OF BI		8. BIRTNPL	LACE (State or Foreign
	219-18-2775	1 XM 2 - F	63	YRS.	MONTHS D	AYS HOURS	MIN.	Feb.	21 192	6 Mar	yland
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCAT	ION OF DE			OUNTY OF DEA	,
E E	Keswick Home	K			Bali	timore	10107			-	
DIRECTOR	RESIDENCE OF DECEDENT						144.0-1				
Ä	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR I	OCATION				16	Od. INSIDE CITY
<u>=</u>	Maryland Ba	ltimore		T	imoni	ım				-1	TES 2 X NO
AL	10e. STREET AND NUMBER			- 11		10f. ZIP COI	DE		10g. (CITIZEN OF WH	
FUNERAL	117 Castletown	Rd. Uni	t #302			210	193			US	A
5	11. MARITAL STATUS		NT EVER IN U.S. AR					NIC ORIGIN? (Sp		- 14. RACE	- American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 N WAR OR DATES			YES 2 XNC		in, Puarto Rican,	atc.)	Specify:	White
			WW II								
COMPLETED	15. DECEDENT'S EDI (Specify only highest great	de completed)	(G)	ive kind of a	USUAL OCCU	IPATION ng most of work	dng	16b. KIND	OF BUSINESS	INDUSTRY	
1 4	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Jude				1.50	restate.	untom	
e		4+		Jud	gc				dicial Sy		
	17. FATHER'S NAME (First, Middle, Lest)	1.4						ME (First, Middle,		*	
" LL	Wm. Lawrence	Murphy						Loretta	~		
2	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING				Route Number, Cit	-		1 24002
TO B	Jane W. Murph	ny				astlete		Ka. ,			21093
ISPE	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Res	movel from State	other plu	sce)		of cemetery, cre		-		- Cify or Town	
E	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	- VI	Carri	son	_			Cem.	Garris	on For	rest, Md.
Ē		/Alex	he total	m		ME AND ADDR		hell-Wie	defeld		
еха		Martin D	Lawson	n				Md. 210			
2010	23. PART I. Entar the diseases, Dr									arrest,	Approximate
E	shock, or heart fellure IMMEDIATE CAUSE (Final	. List Dnly Dne ce	use on sech line	2							Onset and Death
2	disesse or condition	- 1/1.	10 /	1.0.		,					11
E I	resulting in death)	e. DUE TO	O (OR AS A CONSE	DUENCE O		ma					weeke
CERTIFICATION	Sequentially liet conditions, if any, isseling to immediate	DUE TO	OR AS A CONSEC	DUENCE O	F):						
S E	ceuse. Enter UNDERLYING	c.									
E E	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEC	DUENCE O	F):			-			
IR I	resulting in death) LAST	d									
	PART II. Other significant condition	ne contributing to	a death but ant	mme el til m m	In the conde	white a service	alessa to	Description of			
MEDICAL	// /	. ()							WAS AN AUTOP PERFORMED?	A	WAILABLE PRIOR TO
E D	- Helvanced	Ken	rentia	37	126	heim	9	TEPPE 1 DE	YES 2 NO		COMPLETION OF CAUSE OF DEATN?
Me Me				0	0					1	☐ YES 2 KNO
CIAN: I											
E O	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				28. PLACE OF	DEATN (Ch	eck only ona)			
YSI	1 TYES 2 NO		☐ ER/Outpetient 3	□ DOA	OTHER:	Nome 5 🗆 I	Raaldence	8 C Other (Spe	ocify)		
- T	27. MANNER OF DEATH	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIM	IE OF 28	c. INJURY AT WORK?		28d. DESCRIB	E HOW INJURY	OCCURED	
BY PH	1 Natural 5 Pending 2 Accident Investigation						KNO				
	3 Suicide 8 Could not be	26e. PLACE	OF INJURY - At ho	me, farm,	atreet, factory	office		26t, LOCATION City or Tox		nber or Rural Rou	ite Number,
7E	4 Nomicide detarmined		, we (openly)					City or row	rn, Graney		
E E	29a. CERTIFIER 1 CERTIFYING PNY	SICIAN: To the best of	of my knowledge, de	ath occurr	ed at the time	data and plac	e and due	to the cause(a)	and manner ea	etetad	
D BE COMPLE	(Check only										and manner as stated.
PURIANT: IT ITEM 28 IS BE COMPLETED	296. SIGNATURE AND TITLE OF CENTUR										
E E	1/2010 1.	. 18	11/1	1		29c. Li	CENSE NUI	_ /		DATE SIGNED (N	
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	N DATE HIS DAY OF THE PARTY OF	(10)	e abel	10	1000						
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	FOR 1 - STATE REGISTRAR	STATE OF M		DEPART					MENTAI	L HYGIEN		U	04229
	1. DECEOENT'S NAME (First, Middle, Lest) Edward	James		Andre		- 01	DEA		2. DATE MONTH Feb	OF OEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 305-01-4004	5. SEX 1 X M 2 - F	6. AGE (In yrs. las	YRS.	IF UNDER	DAYS	IF UNDER	MIN.	Apr	OF BIRTH	1907	Pe	nnsylvania
СТОВ	9a. FACILITY NAME (If not institution, give str Manor Care - To				9b. CITY		OWSO		EATH		9c. COUNT	Itimo	
DIREC	10a. STATE 10b. COUNTY			10c. CITY,	, TOWN (OR LOCAT	TION					1	Od. INSIGE CITY
	Maryland Bal	timore		Coc	key	svil	le . ZIP CODI	-			10. CITIZE		YES 2 NO
ERA	303 Limestone Va	allev Dri	Ve			100	210				US		AI COOKINIT
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. AR	RMED NO		If yes, sp	ENDENT C	F HISPAR	n, Puerto I	i? (Specify Ye Ricen, atc.)		4. RACE - Black,	- American Indien, White, etc. White
PLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +) (G	ive kind of we Do NOT use	ork done retired.)	during mo	st of working			KIND OF BU			ces Admin.
COMPL	17. FATHER'S NAME (First, Middle, Lest)						18. MOTI	IER'S NA	ME (First, I	Middle, Malden			7.4111177
BE	Patrick McAndre	WS	10.	h MAILING	ANNDES	C /Strong of			Malia	ber, City or Tox	un State 7in f	onda)	
7	Blanche M. McAr	ndrews											21030 ysville, Md.
	20a. METHOD OF DISPOSITION 1 Description 1 Description 1 Description 2 Description 3 Description 1 D	val from State	other pl	OF DISPOSI	ITION (N	ame of cer	metery, cren	natory or		20c. LC	CATION - CI	ty or Tow	n, Stata
	4 Donation 5 Other (Specify)	neter 2	Garr	ison	Fore	est NAME AL	Vete	rans	Adr	mih. C	Garris	on F	orest.Md.
		rtin D.	Lawson	100-	L	emn	non-N	Aitch	nell-	Wiedef		M	d. 21093
	23. PART I. Enter the diseases, or combody, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cau		liac.	-R						iratory arra	st,	Approximsta interval Batween Onset and Death
ERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		(OR AS A CONSE										198as
MEDICAL C	PART II. Other significant conditions	contributing to	death but not	resulting l	n the u	ndariyin	g csuse	given in	Part I.	24e. WAS AN PERFO 1 YES	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF C	EATH (C)	eck only or	ne)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE 4 Nu		ne 5 🗆 R	esidence	8 🗆 Othe	er (Specify)			
РНҮ	27, MANNER OF DEATH 1 Natural 5 Pending	28a, OATE OF (Month, D		28b. TIME INJU	E OF URY	W	JURY AT ORK? YES 2	7.00	28d. DE	SCRIBE HOW	INJURY OCCI	JRED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined		F INJURY — At ho	oma, farm, a				NO		CATION (Street or Town, State		or Rural Ro	ute Number,
OMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINES												and manner as steted.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	ulip K	un-				1	ENSE NU			29d. DATE	SIGNED (Month, Day, Year)
TC	30. NAME AND ADDRESS OF PERSON WHO Philip Konits, M				,	St.	, Ba	timo	re,	Md.		,	de Hilli
	Philip Konits, M 31. DATE FILED (Month, Day, Year) FFR 21 1990	fu a Davids	R'S SIGNATURE	2 -									

BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Tuger	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer IIII		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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REGISTRAR		CL	-INTIE	ICALE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest)		FARLE V	TRGI	NIA MET	i i i i i i i i i i i i i i i i i i i	2. DATE O MONTH	DAY DAY	YE	AR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	E BIRTH			CE (State or Foreign
212-07-0207	1 □ M XX F	81	YRS.	MONTHS DAYS	HOURS MIN.	(Month, 11-	Day, Year) 18–1908	C	ountry)	GINIA
9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN	OR LOCATION OF DE	EATH	90	COUNTY	OF DEATI	4
FRANCIS SCOTT KEY				BALT	IMORE CIT	ľY				
10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION				100	I. INSIDE CITY
	LTIMORE				NDALK					LIMITS? YES 2 XXIO
7812 KENTLEY ROAD)			1	of. ZIP CODE 21222	2	109		U.S.	A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	YES ZXX	MED 10	If yes, specify Cuban, Maxican, Puarto Rican, atc.) Black, Wh						American Indian, nite, atc.
15. DECEDENT'S EDUC	CATION	16a. DE	CEDENT	USUAL OCCUPAT	TON	16b. 1	KIND OF BUSINES	SS/INDUSTI	RY	
(Specify only highest grade Elementary/Secondary (0-12)		No.	ive kind of . Do NOT u	work done during n se retired.)	nost of working					
	College (1-4 or 5+)		T.77\ 1	DEUOTICE	MODIZED	7	AMEDT("AI	T CITY	DEC	
12TH GRADE	N/A		WAL	REHOUSE	7		AMERICAI		(LL)	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			-		
IRA M. VERNON					JOS:	IE A.	MARSHA			
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number or Rural	Route Numbe	or, City or Town, St	ite, Zip Cod	e)	
MILTON H. METTEE			781	2 KENTLE	Y ROAD	BALT	IMORE, I	MARYT	AND	21222
		20h PI ACE			emetery, crematory or	المراكب المراكب	20c. LOCATION			
20a METHOD OF DISPOSITION 1 A Burlet 2 Cremetion 3 Remo	oval from State	other pl	ace)			7 00				
4 Donation 5 Other (Specify)		MEADO	WRID		RIAL 2-1		DORS	EY,	Ī _A Ī⁄	ARYLAND
21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE C	2		DUDA	AND ADDRESS OF FA NEW RUCK FULL WISE AVE	NERAL				
IMMEDIATE CAUSE (Final disease or condition resulting in death)	8	OR AS A CONSE		DF):						7 day
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	0	OR AS A CONSE								
PART II. Other significent condition			-	In the underlyi			24a. WAS AN AUT PERFORMED)?	AV/	RE AUTOPSY FINDIP MILABLE PRIOR TO MPLETION DF CAUS
							1 YES 2	NU		DEATH?
Anonia	00111-					_	3. pend	in	1 [YES 2 YONO
10.1010	nellih's									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110001				PLACE OF DEATH (Ch	eck only one)			
1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER:	ome 5 🗆 Residence	6 Other	(Specify)			
27. MANNER OF DEATH 1 Matural 5 Pending	28a. DATE OF (Month, De		28b. TH	ME OF 28c. II	NJURY AT WORK?		CRIBE HOW INJUI	RY OCCURE	ED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	FINJURY — At house. (Specify)	ome, farm,	street, factory, of			TION (Street and I r Town, State)	Number or R	lural Route	Number,
COROCK ORBY					its and place, and due				use(s) an	d manner sa atate
29b. SIGNATURE AND TITLE OF CERTIFIER Wan D. Rosen	an.	D.			29c. LICENSE NU D 387	MBER 1-37	29	d. DATE SIG	GNED (MO	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	M 27) (Typ	e, Print)					,	

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Pager	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directive filled within 72 hours after death with the State Deor. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
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FOR STATE REGISTRAR		STATE OF I			MENT OF H		MENTAL HYGIEN	_		
1. DECEDENT'S NAME (Firs	I, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
Vincenz	o .T.	oseph	Ма	nnara			2 1 C	AY C	YEAR	8:40 A N
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH Count	
088-03-324		-	75		DE CITY TOWN (OR LOCATION OF D	7/1/16	T oc cou	NTY OF D	York
	County		1 Hosp					30.000	How	
10e. STATE	10b. COUNT				TOWN OR LOCA					10d. INSIDE CITY LIMITS?
		ward		E		t City				1 TES MYNO
100. STREET AND NUMBER					10	. ZIP CODE		10g. CIT	IZEN OF V	VHAT COUNTRY?
3427 Pl	ım Tr	7				21043		_	USA	
10s. STREET AND NUMBER 3427 Pli 11. MARITAL STATUS 1 Never Merried 2 3 Widowed X X Div			IT EVER IN U.S. A XXYES 2 WAR OR DATES		II yes, sp		NIC ORIGIN? (Specily Yeen, Puerto Ricen, etc.) fy:	e or No	14. RACE Black Spec Whij	E — American Indian, c, White, etc.
/Onnall. as	CEDENT'S EDU	JCATION			SUAL OCCUPATION		16b. KIND OF BL	SINESS/INC	DUSTRY	
Elementery/Secondery (College (1-4 or 5	165	s. Do NOT use	,	st of worlding	food			
17. FATHER'S NAME (First, I	Middle, Last)					18. MOTHER'S NA	AME (First, Middle, Maider	Sumame)		
		a					Carlino	-		
19a INFORMANT'S NAME	_		19	9b. MAILING A	DDRESS (Street)		Route Number, City or Tox	wn, State, Zie	o Code)	
John Mai				29 Bl	oomsbu	ıry Ave	/Apt. B1	O/Ba	lto.	MD 21228
20e. METHOD OF DISPOSE 1 X Burlel 2 Cremate 4 Donetion 5 Other	on 3 🗆 Ren	noval from State	Officer F	1808		netery, cremetory or t Vets		ocation —		
21, SIGNATURE OF FUNER	1.3	Un_			Ster 736	Edmonds	hton Fun	alto	. M	D 21228
23. PART I. Enter the shock, or I IMMEDIATE CAUSE (F dieease or condition resulting in death)	neert fellure.	e. lassi		e. urdial	Infanc		ch as cardiac or res	piratory ar	reat,	Approximata interval Between Onset and Deet
Sequentially liet conditions, leading to immeceuse. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in deeth) LAS	ediete	b	(OR AS A CONS	EOUENCE OF):						
CAUSE (Diseese or In		C. DIE TO	(OR AS A CONSE	OUENOE OF						
that initiated events reaulting in deeth) LA	ST	d	(OH AS A CONSE	OUENCE OF)						
PART II. Other signific	ent conditio	na contributing to	death but not	resulting in	the underlyin	g cause given in		PRMED?	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL				28. P	LACE OF DEATH (C	theck only one)			
EXAMINER?		HOSPITAL:	EP/Outpetlant		OTHER:					
27. MANNER OF DEATH		28e. DATE O	FINJURY	28b. TIME	OF 28c. IN	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED	
. /	Pending Investigation	(Month,	Day, Year)	INJU	RY W	YES 2 NO				
	unagendanion		OF INJURY - At h	ome, ferm, at	reet, factory, offic	•	261. LOCATION (Street City or Town, State		or Plural .	
2 Accident 3 Suicide 6	Could not be determined	28e. PLACE (etc. (Specify)					-/		Route Number,
2 Accident 3 Suicide 6	Could not be determined	building	etc. (Specify)				e to the ceuse(e) end m	enner ee ats		
A Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only	Could not be determined	SICIAN: To the best of	etc. (Specify)				te to the ceuse(e) end me time, date end place, o	enner ee ata	he couse(e) end manner es stated. (Month, Day, Year) UCTY, 19, 19

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	TICOIOTTAIT		OLITIII	TOATE OF	D-C-/TITI	Tico. I	Ю.			
,	1. DECEDENT'S NAME (First, Middle, Last) Whiley White			Niffe R			2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH			
TOR				at birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7, D.			700 8 1990 4			
	229-34-1602	1 M 2 F	6. AGE (In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	20	BIRTHPLACE (State or Foreign Country)		
	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE	- 1	9c. COUNTY	OF OEATH		
	Harford Memorial losoilal			Havre de Graco Harford						
딥	RESIDENCE OF DECEDENT 10a. STATE A 10b. COUNTY	,	10c, CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY		
DIRECTOR	Md. Hartord 1			Forest Hill			LIMITS? 1 YES 2 NO			
FUNERAL	2136 ADY Rd. Rt. S			1		10g. CITIZEN OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Nover Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMEI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, s	CENDENT OF HISPAN pecify Cuban, Maxican S 2 NO Specify	n, Puarto Rican, atc.)	IN? (Specity Yaa or No— Pilcan, atc.) 14. RACE — American India Black, White, etc. Specify:			
	3 Wildowed 4 Olvorced 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY							TRY		
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)									
COM	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maid	len Sumame)			
38	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
10										
	20a. METHOD OF DISPOSITION 1						y or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD, BALTO., MD. 21201									
	of PADT I Enter the diseases or	MUUL nomplications that	sequend the death. Do			_				
	23. PART I. Enter the diseases, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. QUE TO (OR AS A CONSEQUENCE OF):									
NO	Sequentially list conditions, b. Alexander Cardinary Cardinary									
CERTIFICATION	that initiated evants resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									
5	d									
MEDICAL (PART II. Other algnificant conditions contributing to death but not resulting in				ng cause given in	n In Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETIDN DF CAUSE OF DEATH? 1 YES 2 NO		
AN										
PHYSICIAN:	EXAMINER?	MOOTHAL.								
ΤΥS	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 26c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED									
ву РН	1. Netural 5 Pending (Month, Day, Year) 2 Accident Investigation			M 1 YES 2 NO						
ED	3 Suicide 8 Could not be 4 Homicide determined	F INJURY — At home, farm, etc. (Specify)	home, farm, street, factory, office 28f. LOCATION (Str. City or Town, St				reet and Number or Rural Route Number, State)			
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(s) and manner as stated.									
BE C	296, SIGNATURE AND TITLE OF CERTIFIER 296, LICENSE NUMBER 296, LICENSE NUMBER 296, DATE SIGNED (Mohith Day, Year)									
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)									
	HONG J. 31. DATE FILED (Moith) Day, Your)	Kim M	D 319 S.	Union	Ave, L	Aure de	GRAC	e. Md # 21075		
	an arrive a series (mother; way, rout)	VA. FIEUROTTIA	THO DESIGNATIONS							

FOR

1 - STATE REGISTRAR		CERTIF	CATE O	DEATH	REG. N	10.					
1. DECEDENT'S NAME (First, Middle, Las	1. DECEDENT'S NAME (First, Middle, Last) 2. DAT					DATE OF DEATH AONTH DAY YEAR 3. TIME OF DEATH					
	ENOCH I. OSBORNE						90	12.05AH			
4. SOCIAL SECURITY NUMBER 9.20039 987		75 YRS.	MONTHS DAYS		7. DATE OF BIRTH	14	6. BIRTH Countr	PLACE (State or Foreign Y) M D			
HARBOR H	HARBOR HOSPITAL BA					OF DEATH 9c. COUNTY OF DEATH					
	RESIDENCE OF DECEDENT							10d. INSIDE CITY LIMITS?			
MD							OF TYES 2 NO				
100. STREET AND NUMBER 8131 ELIZAI	8131 ELIZABETH ROAD					10g. Cl	USA	VHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 NO IF YES, GIVE WAR OR DATES			If yes,	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- if yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 257NO Specify:			- 14. RACE American Indian, Black, White, atc. Specify: BLACK				
15. DECEDENT'S E (Specify only highest gri		DENT'S USUAL OCCUPATION IGH OF BUSINESS/INDUSTRY IGH OF WORK done during most of working									
Elementary/Secondary (0-12) College (1-4 or 5+) N A		DISAB.	o NOT use retired.)								
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maid	en Sumame,					
JERRY OSBO				MARY	GRI	EEN					
19a. INFORMANT'S NAME (Type/Print)	× 1117 E	19b. MAILING	ADDRESS (Street		Route Number, City or 1	own, State, 2	Zip Code)				
Noreen Price	9	8129	ELIZA	BETH RO	AD/PASAL	DENA	MD.	21122			
20a METHOD OF DISPOSITION TO Burlal 2 Cremation 3 R	20a METHOD OF DISPOSITION YE Burlat 2 Cremation 3 Removal from State			PLACE OF DISPOSITION (Name of cemetery, cramatory or other place) 20c. LOCATION — City or Town, State							
21. SIGNATURE OF FUNERAL SERVICE	4 Donetion 5 Other (Specify) MOUNT ZION CEMETERY LANSDOWNE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
& Glades	12000					1101	Tr 1	NORTH AVE			
disease or condition resulting in death) B. Cachilla A Analysia & P&i DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significent conditions contributing to deeth but not recuiting in the underlying cause given in Pert i.						PERFORMED? YES 2 NO DF E		D. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPITAL: OTHER:											
EXAMINER? 1 YES 2 ND 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)											
27. MANNER DF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1											
2 Scholde 26s. PLACE OF INJURY — At home, tarm, street, factory, office 26t. L					26t. LOCATION (Stree City or Town, St	ATION (Street and Number or Rural Route Number, or Town, State)					
29s. CERTIFIER (Check only one) 29m (CHOCK only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			O (Month, Day, Year)				
Si ta Tanamell						•	2/1	7/90			
YANAMADA	YANAMADALA, HARDOR HOLLIFTAL YANAMADALA, HARDOR HOLLIFTAL										
31. DATE FILED (Month; Day, Year)		GONATURE AND SER		R 21 199	0 Julis	avidson	- Hand	92			
14.014	0			140	0			DHMH-16 Rev			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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2	2	2	E

	1 - STATE REGISTRAR TOM W.	O'Bryon		RTMENT OF H		MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Lest) [CM W. O'Bryon						2. DATE OF DEATH DAY YEAR 3. TIME OF DEAT OF DEATH ON THE OF DEATH			
BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 336-05-5323	5. SEX 6. AGE ((In yrs. lest birthday) 77 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		,1912	Beld	ing, Michigar	
	9a. FACILITY NAME (If not institution, give Suburban Hosp		96. CITY, TOWN OR LOCATION OF DEATH Bethesda Montgomery							
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			Y, TOWN OR LOCA	TON			10d, INSIDE CITY		
	Maryland Montgomery 100. STREET AND NUMBER			Chevy Chase					LIMITS? 15 YES 2 NO WHAT COUNTRY?	
	8217-Kerry Road			10				States		
	11. MARITAL STATUS 1 Naver Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IF FORCES? 1XXYES IF YES, GIVE WAR OR D. W.W.II	2 NO				GIN? (Specify Yee or No. 14. RACE - American Ind			
	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+)			D. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use retired.) SUSINESS EXECUTIVE			ic art	ustrv		
	17. FATHER'S NAME (First, Middle, Lest) William Francis			recutive Graphic art industry 18. MOTHER'S NAME (First, Middle, Melden Surname) Pearl Matilda Austin						
TO E	190. INFORMANT'S NAME (Type/Print) David S.O'Bryon	(Son)	1			Route Number, City of Chevy Ch			nd 20815	
				sition (Name of ce	netery, crematory or	- City or To	City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE I	L' Bélan	ee	J. William Lee's Sons Company Funeral Home 300-4th St., NE, Washington, D.C. 20002-5816						
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST Interval Between Onset and Daath Causer Throughout Throughou									
	PART II. Other significant conditions of the second significant conditions of the sec	_ // ^	out not resulting		the underlying causa given in Part i. 24a. WAS PERI			7 AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?									
	EXAMMER? 1									
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stafe)									
BE COMPL	29e. CERTIFFIER 1 X CERTIFFIE									
TO	Robert C. Macon 809 Views Mill Rd. Rockville, Nd 20851 31. DATE FILED (Month), Day, Year) 32. REGISTRAR'S SIGNATURE									
	FEB 21 1990 3	Fisher Davidson-Ran	ndelle							

VERDELLA	Louise	PAR	KER				2. DATE OF D	EATH DAY 15	90	3. TIME OF DEATH 838 PM	
4. SOCIAL SECURITY NUMBER 213-22-2265	5. SEX 1 M 2/XXF	6. AGE (In yrs. ia 70	st birthday) YRS.	MONTHS D	AR IF UNDE	R 24 HRS.	7. DATE OF B	3-1919	Cour	THPLACE (State or Foreign ntry) ruland	
9e. FACILITY NAME (If not institution, g	give street and number)			9b. CITY, TO	WN OR LOCAT	TION OF OE	ATH	9c. CO	DEATH		
NORTH ARUNDEL	HOSPI TAL			GLE	BURN	IE		A.A. COUN			
RESIDENCE OF DECEDEN											
Maryland A1	nne Arundel	1	10c. CIT	y, town or L Sev						10d. INSIDE CITY LIMITS? XX YES 2 \(\square\) NO	
100. STREET AND NUMBER 811 Queensto	vn Road				101. ZIP COI 21	144			U.S.	what country? \mathcal{A} .	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AI I YES XXX WAR OR DATES		If ye		an, Maxica	n, Puarto Rican	ecify Yae or No— , etc.)	Bia	CE — American Indian, lick, White, atc.	
15. DECEDENT'S (Specify only highest of the secondary (0-12)		(6	Give kind of to e. Do NOT us		PATION og most af work	idng		O OF BUSINESS/I		ħ.	
			Seams	stress			Dept	of In	man	Resources	
17. FATHER'S NAME (First, Middle, Last Nelse		dge			18. MO			Maiden Surname Ce Henri		a Cager	
19a. INFORMANT'S NAME (Typo/Print) Edgar T. Parket		11		MAILING ADDRESS (Street and Number or Rural Route Number, 11 Queenstown Rd., Severn							
20s METHOD OF DISPOSITION XX Burlal 2 Cremation 3 C	Removal from State	20b. PLACE other is Sa 1	of Dispos	est Ce	oi comotory, cri meteri	ematory or		20c. LOCATION	City or	Town, State 1.A. Co., Mc	
23. PART I. Enter the diseesas, ehock, or heart fell IMMEDIATE CAUSE (Finel diseess or condition	ure. List only one ca	at coused the duse on each lin	10.	250 not enter th	1 Guyar mode of d	ns F lying, suc	alls P	or respiratory	altin arrest,	Approximata intervei Between	
resulting in deeth)		O (OR AS A CONSI		F):						Onset and Dee	
	ra teri	GATE	NSI	F):				scul	AN	J	
resulting in deeth)	b. HY! DUE TO		EOUENCE O	F):					AN	J	
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Diseese or injury that initiated events	b. FUY! DUE TO C. DUE TO d.	O (OR AS A CONSI	EOUENCE O	n: √E n:	CAY	2011	O U A	scul	Ar	V	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST	b. FUTE TO DUE TO d. DUE TO d. HOSPITAL:	O (OR AS A CONSI	EQUENCE O	F): F): In the unde	riying cause	2D)	Part i. 24a	D VS . WAS AN AUTOPS PERFORMED? YES 2 1-W0	Ar	44b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseeee or injury thet initieted events resulting in death) LAST PART II. Other eignificent conditions are selected to medic examiner? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO C. DUE TO d	O (OR AS A CONSI	resulting	F): F): In the unde OTHER: 4 Nursin AE OF 24	riying cause	2 D (C)	Part I. 24a 1 (neck only one) 8 🗆 Other (Sp.	D VS . WAS AN AUTOPS PERFORMED? YES 2 1-W0	AN ear	4b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury thet initieted events resulting in death) LAST PART II. Other eignificent conditions are selected to the conditions of the conditions are selected to the conditions of the conditions are selected to the cause of the conditions are selected to the conditions are selected to the conditions of the conditions are selected to the conditions are sel	b. DUE TO c. DUE TO d	O (OR AS A CONSI	resulting	F): F): In the unde	riying cause 28. PLACE OF 9 Home 5 1. INJURY AT WORK? 1 YES 2	2 D (C)	Part i. 24a 1 (neck only one) 6 Other (Sp. 28d. DESCRI	D VS . WAS AN AUTOPS PERFORMED? YES 2 MO	PAR ean	4b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	

GLEN BURNIE, MARYLAND 21061

Julia Paridon - Nandalle Par

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SURYA P MUNDRA,
31-DATE FILED (Month, Day, Year)
FEB 21 1990 J

drawners on 15

WEIGHOR THANKS IN SEL

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		ÇEH	HIFICAL	E OF	DEA	I H	REG	i. NO.		
1. DECEDENT'S NAME (First, Middle,		MELMEIER			ñ.		PEB. 20	DAY	YEAR	S:30 A N
4. SOCIAL SECURITY NUMBER 057-01-5262	5. SEX	6. AGE (In yrs. lest bir 82	thday) IF UNDE	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRT (Month, Day, V SEPT. 5	1907	Counti	PLACE (State or Foreign Y) RMANY
9a. FACILITY NAME (If not institution, LORIEN NURSING				OLUM	BIA	ON OF DE	EATH		JNTY OF D	
RESIDENCE OF DECEDEN 10a. STATE 10b. CC MARYLAND H		1	oc. CITY, TOWN		TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 6334 CEDAR LANE			COHOII		210			10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 XMerried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARMED	U.S. ARMED 13. WAS DECENDENT OF HISPANIC 2 NO If yes, specify Cuban, Maxicon, P			en, Puerto Ricen, e		14. RACI Blaci	. S . A . RACE — American Indian, Black, White, etc.	
3 Widowed 4 Divorced 15. DECEDENT'S		16a, DECEC	DENT'S USUAL	NT'S USHAL OCCUPATION 166 KIND OF BUSINESS/INDUSTRY					HITE	
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5 +	llle. Do	kind of work done NOT use retired. EMPLOY)			RER FOO)D		
17. FATHER'S NAME (First, Middle, Lass MARTIN RAMELME						HER'S NA	AME (First, Middle, M	Maiden Surname)		
19a. INFORMANT'S NAME (Type/Print) IRENE PARHAM							Route Number, City O, COLUMB			ID 21044
20e. METHOD OF DISPOSITION 1	Removal from State	20b. PLACE OF other piace) METRO	CREMA'		metery, crer	natory or		oc. LOCATION - BALTIMO		MARYLAND
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	Le	L	EROY	M. 8	RUS	SSELL C.	WITZK	E FUN	UERAL HOMES
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	disease or condition resulting in death) Seps Bull To (or As A Due To (or As A Due To for As A					5				Interval Between Onset and Deat 2 4 - 46 he use
PART II. Other algnificant conditions of the con		death but not resu	uiting in the	undertylr	ng cause	given in	Р	WAS AN AUTOPSY ERFORMED? YES 2 XNO	7 241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		ОТН		PLACE OF D	EATH (C	heck only one)			
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investign	28a. DATE OF (Month, De		BDOA 4 XN BB. TIME OF INJURY M	28c. IN W	JURY AT ORK?	esidence	6 Other (Special 28d. DESCRIBE	HOW INJURY O	CCURED	
2 Accident Investigs 3 Suicide 8 Could not determine	28e. PLACE Of building,	F INJURY — At home, etc. (Specify)	, farm, street, fe	ictory, offi	ca		28f. LOCATION City or Town	(Street and Numb , State)	er or Rural	Route Number,
one)	PHYSICIAN: To the best of									a) and manner as stated.
296. SIGNATURE AND THE OF CER	y M Comp		1.00.	,			5965	•	2/2	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON RICHARD KOLODR		SE OF DEATH (ITEM 2						1		drubetz
FEB 21 1990		R'S SIGNATURE	*							

Jan 1996

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ratained by the TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at any

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last)	+		*					2. DATE OF MONTH	DEATH	LV.	YEAR	3. TIME OF DEATH
	JOHN John Kobe	r Tson R R	OBERTSC	N					*02			90	7710 Aam
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF (Month, E	BIRTH Day, Year)		Count	HPLACE (State or Foreign ry)
	717-10-2401	1 2 M 2 F	70	YRS.					02/3	9/19)	Vi	rginia
_	9a. FACILITY NAME (If not institution, give s	treet and number)						ION OF DE			9c. COUNTY OF DEATH		
2	HURCH HOSPITAL	CORPOR	ATION		BAI	TIL	10RE	; Ci	ty	BALTIMORE			ORE
E C	10e. STATE 10b. COUNT	1		10c, CITY	r, TOWN O	R LOCAT	TION T	RATIT	IMORI	E CI	ηV		10d. INSIDE CITY
DIRECTOR	Maryland :	none		14	36 N	lil'	ton	Ave	nue	nue			LIMITS?
	10e. STREET AND NUMBER					101	. ZIP COI	DE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	1436 N Milton	Avenue				12	21213 DECEMBENT OF HISPANIC ORI Specify Cuben, Mexican, Puer					TED	STATES
	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED									E — Americen Indien, k, White, etc.
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE V		DATES 1 TYES 2 NO S			Specif				Spec		
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gi	CEDENT'S	vork done o			ing	18b. K	IND OF BUS	SINESS/IN	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT use retired)			D.	1	ı. m -		7		
COMPLETED	10th grade	none	Ti(Longshoreman			FUEDIO MA	_	icke-		rml	nal	
	George Robe		18. MOTHER'S NA				ary V						
BE	19e. INFORMANT'S NAME (Type/Print)	198	, MAILING	ADDRESS	(Street	and Numb		Route Number			io Codel		
2	Christine Fran	nklin	100						Balto				
	20e. METHOD OF DISPOSITION		20b, PLACE	OF OISPOS						7		- City or To	own, State
	Suriel 2 ☐ Cremetion ③ ☐ Hem 4 ☐ Donetion 5 ☐ Other (Specify)	oval from State	other pla	wlk	es C	Ceme	eter	vV		Cre	ew. V	ire	inia
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	1		22.1	NAME A	ND ADDR	ESS OF FA	CILITY		-	0	
	Yoshum x	K. SZ	Crile	X	7								Home .Md. 21213
	23. PART I. Enter the diseases, pr				ot antar								Approximate
	shock, or heart failure. iMMEDIATE CAUSE (Finel	List only one ceu	ise on each line		1								Onset and Death
	disease or condition	R	not do	siler	-]	RENA	LR	AKFA	LURI	Ξ		100.
	resulting in death)	DUE TO	(OR AS A CONSEC	DUENCE OF	F): 1	/ Total S	Cmi	CD	ROSTA	ישה (77 NIC	סידי	
Z	Sequentially list conditions,	a Meta	21/0/40	P	1001	ग्राकि	70 T T	Cono	KOSTA	711	TAINC	·EIX	
CERTIFICATION	If any, leeding to immediate	DUE TO	(OR AS A CONSEC	A CONSEQUENCE OF):									
C	CAUSE (Disease or injury	c	(OR AS A CONSEC	MIENCE OF	n·								
	that initiated events resulting in death) LAST		(0111071 0011020		,								
CE		d											
AL	PART ii. Other significant condition	s contributing to	deeth but not r	esulting i	in tha un	deriyin	g cause	given in	Part I. 2	4a. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL										YES 2	no 🗆		OF DEATH?
									_				1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL												
200	EXAMINER?	HOSPITAL:	ED/Outration A	П ост	OTHER	₹:			heck only one)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	E OF	28c. IN.	JURY AT	residence	8 Other (Specify)	INJURY O	CCUREO	
	1 Natural 5 Pending	(Month, L		INJ	M M	W	YES 2	□ NO					
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE (OF INJURY — At ho	me, farm, s	ntreet, fact	ory, offic	10					er or Rural	Route Number,
COMPLETED	4 Homicide determined	building	, etc. (Specify)						City or	Town, State)			
LE	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best o	f my knowledge, de	ath occum	ed at the t	ime, date	end place	a, and du	e to the cause	e(s) end me	nner es st	ated.	
W C	enel												(e) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	B. ENDE	D				29c. LI	CENSE NU	MBER		29d. D/	TE SIGNE	O (Month, Day, Year)
BE	D. Enders	40	St-11 9	777.2	-160			376			•	21	1.7/90
5	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)CI	HUR	CH I	HOSP	ITAL	Bal	himor	c	MO.
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE										
	EED 91 1000	Heli Ja	intern Come	1222									

FOR STATE REGISTRAR

1 -

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

9		Middle, Last)			1					OF DEATH		YEAR	3. TIME OF DEATH
9	Mai	rie	Eliz	abeth		Re	eite	r	MONTH 2-	20-90	AT.	TEAH	8:52AM
9	220-05-763		5. SEX	6. AGE (In yrs. Is		IF UNDER 1 Y		IF UNDER 24 HRS.	(Month	OF BIRTH , Day, Year) -11-1	897	Countr	
Œ	Da. FACILITY NAME (If not ins				1	96. CITY, TO	RO NWC	LOCATION OF DE		17-1	_	NTY OF D	aryland
6 F	3738 Gough	Stree					Balt	imore (City				
0 1	IOa. STATE	10b. COUNTY			10c. CITY,	TOWN OR I	OCATIO	N					10d. INSIDE CITY LIMITS?
100	Maryland				Bal	timo							1 YES 2 NO
< 1	IOO. STREET AND NUMBER						-	IP CODE			10g. CIT	IZEN OF W	/HAT COUNTRY?
	3738 Gough	1 Str	eet 12. Was deceden	Balto						C ODIGINZ (Specify Ver or No. 14 BAC			•
	Never Married 2 1			YES 2	NO If yes, specify Cuben, Mexican, Pus				m, Puarto F	uarto Rican, atc.) Biac			- American Indian, c, White, atc.
		DENT'S EDUC			16a. DECEDENT'S USUAL OCCUPATION				18b.	18b. KIND OF BUSINESS/INDUSTRY			
10 H	(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5	-	(Give kind of work done during most of working life. Do NOT use retired.)					IOU CITY OF BUSINESS/INDUSTRY			
COMPL	m ı	inkho	wn		Homemaker)wn h	ome		
Š T	17. FATHER'S NAME (First, Mic	ddle, Last)			18. MOTHER'S NAME (FI								
ш	Charles H	Benne	tte					Rosa					
10 B	198. INFORMANT'S NAME (Ty	pe/Print)		1	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, S					n, State, Zip	Code)		
-	Gilbert Wa	alter	S		3738 Gough St. Balto				lto.	Md.	212	24	
1	1 Burial 2 Cremation 3 Removal from State othe					E OF DISPOSITION (Name of cemetery, crematory or place)					CATION —	City or To	wn, Stata
4	4 Donation Crematory Baltimore 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								ore	Maryla			
2	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE /		1					_	,		
	Holana	1 /1.	Ma	de V	2	B.	134	ley As Willo	ntor	Fun	eral	HOI	me, Inc.
IFICATI	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
0 :		death but not	ot resulting in the underlying cause given in Part			Part i.	Part i. 24a, WAS AN AUTOPSY PERFORMED?		24b	. WERE AUTOPSY FIND AVAILABLE PRIOR TO			
EDICAL									-	1 TYES 2	NAMO.		COMPLETION OF CAU OF DEATH?
Σ									-	INQUIF	RY		1 TES XX NO
3 .	25. WAS CASE REFERRED TO	MEDICAL I			-		26 Dt A/	CE OF DEATH (CA	and and an	al.			
SICI	EXAMINER?	MEDICAL	HOSPITAL:	Trans. A		OTHER:							
> -	27. MANNER OF DEATH		1 Inpetient 2 I		28b. TIME		c. INJUF	Residence	T	CRIBE HOW I	NJURY OC	CURED	
Hd 2		Pending	(Month, E		INJU	RY	WOR	C? S 2 NO					
	3 Suicide 6	Could not be	28e. PLACE C building,	F INJURY — At 1 etc. (Specify)	home, farm, st	reet, factory	, office					or Rural I	Route Number,
B	2 Accident investigation 2 - Accident 2 - Accident 2 - Accident 2 - Accident 3 - Suicide 4 - Homicide 6 - Could not be determined 2 - Accident 6 - Could not be determined 2 - Accident 6 - Could not be building, etc. (Specify) 2 - At home, farm, street, factory, office 2 - City or Town, State) 2 - City or Town, State) 2 - City or Town, State) 2 - Centification 2 - Centif									r or Hural i	Houte Number,		
O BE COMPLETED	(Check only NATURE AND TITLE	OF CENTIFIER	R: On the basis of		M	, in my opir	nion, des	th occured at the	time, data		nd dua to t	he cause(i	a) and manner as state (Month, Day, Year)
O BE COMPLETED	(Check only one)	PERSON WILLE	R: On the basis of a	SE OF DEATH IT	27) (Type,	, in my opir	nion, dea	th occured at the	time, data	and place, ar	29d. DAT	TE SIGNED	(Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

|--|--|--|

	FOR STATE REGISTRAR	STATE OF MARY				DEATH AND	MENTA	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Sister Mary I	rancis Bo	orgia S	Sosa,	OSP		2. DATE MONTH	-16-9	00	EAR 3.	2:00 pm
	4. SOCIAL SECURITY NUMBER 220-60-7865	5. SEX 6. AC	BE (In yrs. lest birth		DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		BIRTHPL Country) CUBA	ACE (State or Foreign
OR	99. FACILITY NAME (If not institution, give s Oblate Sister		vidence			atonsv			9c. COUNT	of DEAT	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	1	100	city, town	OR LOCAT	TION				10	d. INSIDE CITY LIMITS?
		imore		Ca	tons	ville				1	YES 2 NO
A	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
8	701 Gun Road					2122	7-38	99	CUB	A	
Y FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEOENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 NO	13	If yes, ap	CENDENT OF HISPA ecity Cuben, Mexico 2 NO Specific	en, Puerlo I	i? (Specify Yes Ricen, etc.)	or No-	Black, V	Amaricen Indien, Thite, etc.
BY	3 Widowed 4 Olvorced				Cu	ıban				His	panic
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kin	NT'S USUAL ad of work don IOT usa retired	e during me	ON ost of working	16b	. KIND OF BUS	SINESS/INDUS		
₽			Tea	cher							
Ş I	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, I	Middle, Maiden	Surname)		
lu l	Jose Sosa					Dolo	res	Carne	solta	3	
8	19e. INFORMANT'S NAME (Type/Print)		19b. MA	ILING ADDRE	SS (Street a	and Number or Rural					
일	Sister M. Ale	vie Fiche	r OSE	70	1 C11	n Road	Pal	+imox	O MI	2	1227 200
						metery, cremetory or			CATION - CI		1227-389
	28#_METHOD OF DISPOSITION 1	oval from State				emetery			altim		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22		ND ADDRESS OF FA					
	Devome +	1. 2/1m	an 3			ch F/H					
		7 0101,	452110			0 Wabas					
	23. PART I. Enter the diseases, or shock, or heart failure.			Do not anti	ar tha mo	da of dying, suc	ch aa car	diac or reapi	retory arres	ıt,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition	Meta	Later	R	line	cares	non	4.1			Onset and Daath
	reaulting in death)	OUE TO (OR A	AS A CONSEQUEN		2000	,					1
		Mul	t. No	Th.	1el	m.					i
CERTIFICATION	Sequantially list conditions,	b. DUE TO (OR A	AS A CONSEQUEN	CE OF		-1.2					
Ē	if any, leading to immediate cause. Enter UNDERLYING	DOE 10 (0H A	S A CONSEQUEN	CE OFJ:							
0	CAUSE (Disease or Injury	c									
쁜	that initiated events	OUE TO (OR A	AS A CONSEQUEN	CE OF):							
K	resulting in death) LAST	d									
ū	DART II OIL III II III									1	
A	PART II. Other significant condition	s contributing to deat	n but not reaul	ting in tha	underlyin	g cause given in	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS WILABLE PRIDR TO
EDICAL								1 TYES 2	ON D		OMPLETION OF CAUSE F DEATH?
E I											YES 2 NO
Σ											_ · · · · · · · · · · · · · · · · · · ·
AN:	25. WAS CASE REFERRED TO MEDICAL										
SICI	EXAMINER?	HOSPITAL:		ОТН		LACE OF OEATH (C	heck only or	10)			
S	1 TYES 2 NO	1 Inpetient 2 ER/C	Outpatient 3 🗆 D		ursing Hon	ne 5 Raaldence	8 🗆 Othe	r (Specify)			
/ PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJU (Month, Day, Yea		o. TIME OF INJURY	W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCCU	RED	
BY	2 Accident Investigation	28e. PLACE OF INJ	IIBY — At home f	nrm street fo			201 1 00	ATION /Compt	and Mumber o	Purel Pau	to Alizaber
TED	3 Suicide a Could not be detarmined	building, atc. (Specify)		ictory, orri		City	or Town, State)	and Namber of	nurar nou	e reumon,
MPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my k	nowledge death a	coursed at the	time det	and place and di	o to the co	ueo(e) and ma	noor or state-		
MP	(Ontock Only										
00	WEUTCAL EXAMIN	R: On the beals of examin	A. end/or invest	rigilition, in my	opinion,	seath occured at th	e tima, dete	and place, ar	a due to the	cause(a) a	ng manner es stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	1 1	1001	7		29c. LICENSE NU	JMBER		29d, DATE	SIGNED (N	lonth, Day, Year)
0	alm C/1	Mulus	0116			0243	356		1 2	120	190
2	30, NAME AND ADDRESS OF PERSON WI					00,0	0,0			1	(0

BALTIMORE

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32, REGISTRAN'S SIGNATURE GULL DAY BOY HONDE

21229

lid be detached for use as the burial-transit permit. Pages 1, 2, 3 should

and at once.

" by the hospital or attending physician.

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		28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in
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5	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	0
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31. DATE-FILED (Month, Day, Year)
FEB 21 1990

1. DECEDENT'S NAME (First, Middle, Last) RAUMON	D SMI	TH		2. DATE OF DEATH MONTH FEB 15	1990 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-10-5502	5. SEX 6. AG	E (In yrs. last birthday) 72 YAS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08 - 17-191	8. BIRTH Count	IPLACE (State or Foreign y) to., Mcl.
90. FACILITY NAME (If not institution, give a 3900 Park Height			96. CITY, TOWN OR LOCATION OF O Baltimore	DEATH	9c. COUNTY OF D	
RESIDENCE OF DECEDENT 10a, STATE 10b, CDUNTY Maryland	Υ	10c. CIT	y, TOWN DR LOCATION Baltimore			10d. INSIDE CITY LIMIYS? 1)XYES 2 NO
100. STREET AND NUMBER 3900 Park Height	s Avenue		101. ZIP CODE 21.21.5		10g. CITIZEN OF V	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married XIX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 10 YE IF YES, GIVE WAR OF World War	ES 2 NO	13. WAS DECENDENT OF HISPA It yes, specify Cuben, Mexic 1 YES 2 N NO Spec	en, Pueno Ricen, etc.) ily:	or No— 14. RACI Blaci Spec	E — American Indian, k, White, atc.
15. DECEDENT'S EOU (Specify only highest grade Elementery/Secondary (0-12) 6 years	Cation completed) College (1-4 or 5+)	(Ghia kind of a	usual occupation work done during most of working work fore Construction isor Dept.	on Balti Elect	more Gas ric Comp	& any
17. FATHER'S NAME (First, Middle, Last) Irving M	I. Smith,	Sr.		AME (First, Middle, Maiden Roy	Sumame)	
190. INFORMANT'S NAME (Type/Print) Lois R. Freeman		19b. MAILING 3900	ADDRESS (Street and Number or Aura Park Heights A	Poute Number, City or Town	n, State, Zip Code) imore, M	ld. 21215
20a METHOD OF DISPOSITION 3 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF DISPOS other place) Garrison	SITION (Name of cometer), cremetory or Forest Veterans	Cem. 20c. LO	cation - City or To	own, State s, Marylan
21. SIGNATURE OF FUNERAL SERVICE LI	Emy (6	22. NAME AND ADDRESS OF F Nutter Funer 2501 Gwynns	al Homes, I	Inc. 21 ., Baltin	
23. PART I. Enter the diseases, or abook, or heart failure.	complications that cau List only one cause or	sed the daath. Do r n aach iina.	not antar tha moda of dying, su	ch as cardiac or reapi	ratory screat,	Approximata
IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. DUE TO (OR A	4 O CATO		10		
IMMEDIATE CAUSE (Final disease or condition	a		ote heart	direct.		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR A c. DUE TO (OR A d.	S A CONSEQUENCE OF	ote heart		RMED?	Onaet and Dea
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate causa. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A HOSPITAL:	S A CONSEQUENCE OF	F): Che heart F): Che heart C	n Part I. 24a, WAS AN PERFO! 1 YES 2	RMED?	D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending	b. DUE TO JOR A c. DUE TO JOR A d. DUE TO JOR A	S A CONSEQUENCE OF A CO	F): Checker Pi: Checker Ch	n Part I. 24a, WAS AN PERFO! 1 YES 2	AMED?	CDMPLETION OF CAUSE OF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH	b. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A to (OR A) d. DUE TO (OR A)	S A CONSEQUENCE OF A CO	F): OLC LEAT F): C LOTHER: 4 Nursing Home 5 Residence 1E OF WORK? 1 YES 2 NO	n Part I. 24a, WAS AN PERFO! 1 YES 2 Check only one)	NJURY OCCURED	Onaet and Dea
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 29 Accident Investigation of the determined of the condition of the determined of the condition of the conditio	b. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A DUE TO (OR A C. DUE TO (OR A DUE TO (OR A C. DUE TO (OR A DUE TO (OR A	S A CONSEQUENCE OF A CO	F): OLC LEAT F): C LOTHER: 4 Nursing Home 5 Residence 1E OF WORK? 1 YES 2 NO	Check only one) 8 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, Stete)	NJURY OCCURED and Number or Rural	Onaet and Deal D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Route Number,

	1 - STATE REGISTRAR	STATE OF M					DEAT		MENTAL H	YGIEN EG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH			3. TIME OF DEATH
	JEFFRI	EV 144	UNE			SHO	RTER.	SR.	2-14		AY	YEAR	8:40PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDE	R 1 YEAR	IF UNDER		7. DATE OF B	RTH		8. BIRTH	PLACE (State or Foreign
	218-46-8891	1 M 2 F	41	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept. 2	Year)	1948	Mount	ryl and
	9e. FACILITY NAME (If not institution, give s	street and number)	72		9b. CIT	Y, TOWN (R LOCATION				_	NTY OF DE	
E.	1001 N. Palaclai	Chanach				Dol.							
5	1801 N. Pulaski	Street				BdI	rimor	e c.	Ity		1		
DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
ā	Maryland 100. STREET AND NUMBER			B	alti	more							1 XYES 2 NO
AL						101	. ZIP CODI				10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	1703 North Monro						2121:	7			U.S		
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARM	2X NO If yes, specify Guben, Mexicen, Puer				IIC ORIGIN? (Sp	ORIGIN? (Specify Yee or No— 14, RACE — Black, V			- American Indian, , White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	1 TES 2 NO Specify:							Specif		
	15. DECEDENT'S EDU	ICATION	160 DEC	DECEDENT'S USUAL OCCUPATION 18b.				105 KIM	OF BU	SINESS/INC	HICTOV	Black	
12	(Specify only highest grade	completed)	(Gh	ve kind of	work done	during mo	st of working	g	IOD. KINI	or Bu	SINESS/INL	JUSTRY	
7	Elemantery/Secondery (0-12) 12th Grade	College (1-4 or 5+			<i>L</i> _				C 1	CT	1	1	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 Car	rpen	rer		18. MOTI	IER'S NA	Sel.	Maiden	Sumama	eci_	
	Earl T. Shorter									,	,		
BE	19e. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRES	S (Street			Jones Route Number, C	ity or Tow	n. State. Ziu	o Code)	21217
10	Iwana Shorter												21217
	20e. METHOD OF DISPOSITION		20b. PLACE (OF DISPO	SITION (N	lame of cer	netery, cren	natory or	eet B	20c. LC	more CATION -	City or To	wn, State
	1 N Buriel 2 Cremetion 3 Rem	other pie	r praca)										
	21. SIGNATURE OF FUNERAL SERVICE LI	ATOU	Lus	22	. NAME A	ID ADDRE	SS OF FA	CILITY No.	tter	Fun	eral	Homes Inc	
	1 1 1 to	-13	4	-	2	501	Gwyn	ns F	alls P	kwy.	jun	ciui	ZZOMES, ZMC.
	20 DATE LETTER OF THE STATE OF		Nes	-41 D-					ruland				I An an Inch
	23. PART I. Enter the diseases, Dr shock, or heert failure.				not snte	r ths mi	de Di dy	ing, suc	n ss cardisc	or resp	iratory sr	rsst,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition												Onaet and Death
	reaulting in death)	aSeizur	e disord										
CERTIFICATION	Sequantially list conditions,		C alcoho										
'AT	If any, leading to immediate cause. Enter UNDERLYING				,								
띮	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEC	NSEOUENCE OF):									
묘	reaulting in death) LAST	d.											
	DART II Other electricant condition		d		1- 46	- 4 - 4 - 4 -		f t-					
MEDICAL	PART II. Other significant condition	na contributing to	death out not r	aauiting	in tha u	noeriyin	g cause	given in	Part I. 24a	PERFO	AUTOPSY RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă									15	ZXES :	2 NO		DF DEATH?
												X	YES 2 NO
PHYSICIAN:													
Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:			eck only one)		-		
IYS	27, MANNER OF DEATH	1 Inpatient 2 I		28b. TII		1	URY AT	sidence	6 Other (Sp.		IN ILIMY OF	CURED	
	XXXNatural 5 Pending	(Month, De			JURY	W	PRK?	T NO.	200. DESCRIE	SE NOW	INJUNT OC	CORED	
ВУ	2 Accident Investigation	28e, PLACE O	F INJURY — At ho	me ferm	atreat fa] 140	281. LOCATIO	M /Streat	and Numbe	v or Rural E	Poule Number
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined		elc. (Specify)	, тегин,		otory, one			City or To			or riorer r	tooto (variosi,
E I	290. CERTIFIER												
MP	(Check only	SICIAN: To the beat of											Subtraction of
00	MEDICAL EXAMIN		tamination end/or i	investigati	on, in my	opinion,	leath occu	red at the	lime, date end	place, e	nd due lo l	he ceuse(e	e) end manner se stated.
BE	THE SHOPE AND TITLE OF CERTIFIE	H						ENSE NU	MBER		29d. DA		(Month, Day, Year)
TO		X					OCI	TE .				2-1	5-90
-	30. HAME AND ADDRESS OF PERSON W		SE OF DEATH (ITER			nn C	treat	- Pa	ltimore	M	2120	11	370
	ANN M. DIXON,		Die elevia		r re	mi 9	LL EE	, Dd	T CTHOT 6	- 1 LI	212	0 I	VC
1-	31. DATE FILED (Month, Day, Year)	0	R'S SIGNATURE	1									
	FEB 21 1990 Luly Nevidra Bando 12												

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after this certificate has been signed by the attending physician and completely filled in by be certificate has been signed by the attending physician and completely filled in by be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF	/ DEPARTMENT			MENTAL	HYGIENE	
		ERTIFICATE	OF DEA	TH		REG. NO.	
41					A DATE O	F DEATH	,

	1. DECEDENT'S NAME (First, Mid	die, Last)							2. DATE OF	DEATH			3. TIME OF DEATH	
	Dolly	Scott							Feb.		1990	YEAR	M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF	BIRTH		e. BIRTI	HPLACE (State or Foreign	
		1 □ M 2 💥 F	10)5 YRS.	MONTHS	DAYS	HOURS	MIN.	Oct.	18	1884	Ma	ryland	
-	9a. FACILITY NAME (If not institut	ion, give street and number)			9b. CITY	r, TOWN	OR LOCAT	ION OF DE		,	1	NTY OF D	-	
L	Seton Manor N	dursing Home			Bal	ltim	ore							
1	RESIDENCE OF DECED	. COUNTY		10c, CIT	Y, TOWN (OR LOCA	TION						10d, INSIDE CITY	
	Maryland				timo							1 X YES 2		
	100. STREET AND NUMBER					10	f. ZIP COD	E	U.S.A			IZEN OF \	OF WHAT COUNTRY? RACE — American Indian, Black, White, atc.	
	1701 Eutaw Pl	ace					212	17				5.A.		
	11. MARITAL STATUS	FORCECO	NT EVER IN U.S. A	ARMEO								14. RACI		
ı	1 Never Married 2 Mar 3 XWidowed 4 Divorced	IF YES GIVE	WAR OR DATES	YES 2 NO If yes, specify Cuban, Maxical 1 YES 2 NO Specify				eni, 916.)			Specify: Black			
		NT'S EDUCATION heat grade completed)		18a. DECEDENT'S USUAL OCCUPATION				16b. KIND OF BUSINESS/INOUSTR			DUSTRY			
1	Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of work done during most of workli life. Do NOT use retired.)										
L						Domestic								
I	17. FATHER'S NAME (First, Middle	(Last)					1e, MO1	HER'S NA	ME (First, Mic	Idle, Maiden	Surname)			
	Charles Pitt	ts		Elsie Anı					nn Blo	ounde	n			
I	19a. INFORMANT'S NAME (Type/I		19b. MAILING	ADDRES	\$ (Street	-		Route Number			o Code)			
	Elsie Jones		i	1701 E	uta	v Pl	ace	Apt	. 722	Bal	to.,	MD	21217	
I	204 METHOO OF DISPOSITION 1 Buriel 2 Cremetion	3	20b. PLAC	E OF DISPOS						_	OCATION		own, Stata	
L	4 Donation 5 Other (Spe			itus 1									Maryland	
	21. SIGNATURE OF FUNERAL SE	PRVICE LICENSEE	100	1	22.	NAME A	ND ADDRI	ESS OF FA	CILITY N	utter	Fund	eral	Homes, Inc	
1	Sary	S. MA	Place	Baltimore, Maryl						Nutter Funeral Homes, s Pkwy. and 21216				
	Sequantielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events recutting in death) LAST	- L	O (OR AS A CONS											
	PART II. Other eignificant	conditions contributing to	neces		in the u	nderlyin	g Ceuse	given in			N AUTOPSY PRMEO?	241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO M	EOICAL				26. P	LACE OF	OEATH /C/	heck only one)					
	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 [] DOA	OTHE	JR:			e 🗆 Other (
	27. MANHEY OF DEATH	28e. DATE C	F INJURY	28b. TIM	E OF	20c. IN	JURY AT	- Designation			INJURY OC	CUREO		
	1 Pen	ding (Month, stigation	Day, Year)	_IN.	JURY		ORK? YES 2	□ NO						
ı	3 Suitchide 8 Cou	id not be 200. PLACE building	OF INJURY At g, atc. (Specify)	home, farm,	atreet, fac	ctory, offi	ca		281. LOCAT City or	TION (Street Town, State	and Numbe	or Rural	Route Number,	
	4 [] Humicide detarmined										(9)			
	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death of one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation.												(a) and manner as stated.	
-							29c. L#	CENSE NU	MBER		29d DA	TE SIGNE	D (Month, Osy, Year)	
		Jami Terzal	an Nus				1	1(-)-	24		> -	110	190	
I	30. NAME AND ADDRESS OF PE	THE RESERVE TO THE RE	USE OF DEATH (F	- 0			- 1	19/	7		1	+	1	
	1: 14426 lan -	5214 H	spool .	Bu	8.	Me	. 217	いい						
	FEB 21 199		RAR'S SIGNATURE											

BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HYSI	this ce	ked,
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ب	TAL	RAL 72 h	E H I
	HOSP	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT
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	2	23	=

Catherine	t, Middle, Last)						DEA		2. DAT	E OF DEATH		were	3, TIME OF DEATH	
oather The	E Synd	er							MON	2	19	90	10:12am	
4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs.	lest birthday)	IF UNDER		-	R 24 HRS.		E OF BIRTH			HPLACE (State or Foreign	
219-74-83	45	1 M 2 F	7	6 YRS.	MONTHS	DAYS	HOURS	MIN.		2-26-1	3	Count	ARYLAND	
90. FACILITY NAME (If not in	institution, give s	treet end number)			9b. CITY	, TOWN	OR LOCAT	ION OF D	EATH		9c. COU	NTY OF E	DEATH	
UNION MEMO	RIAL H	OSPITAL				BA	LTIM	ORE						
RESIDENCE OF DEC	CEDENT	,		100 01	Y, TOWN	001004	TION						10d. INSIDE CITY	
MD.	IOU. COOM!				alti								LIMITS?	
10e. STREET AND NUMBER					alli		. ZIP COD	DE	10g, CITIZI			IZEN OF 1	1 X YES 2 NO	
3413 Chest	nut Asz	enue			21211							USA		
11. MARITAL STATUS	IIUL AV	12. WAS DECEDE	NT EVER IN U.S.	ABMED	13.	WAS DEC	ENDENT	OF HISPA	NIC ORIG	IIC ORIGIN? (Specify Yee or No. 14		14. RAC	. RACE — American Indian,	
1 Never Merried 2		FORCES?	1 ☐ YES 2X WAR OR DATES	MO	If yes, specify Cuben, Mexico					o Ricen, etc.)		Blec	ck, White, atc.	
3 Widowed 4 Div	orced				TES ZE NO Specify.						1	WHITE		
15. DE6 (Specify or	CEDENT'S EDU	CATION completed)		DECEDENT'S	work done	during me	ON ost of work	ing	10	86. KIND OF B	USINESS/IN	DUSTRY		
Elementary/Secondary (ry (0-12) College (1-4 or 5+)			ille. Do NOT u	ise retired.)									
UNKNOWN				HOME	MAKE	R	_							
17. FATHER'S NAME (First, A		NYDER					18. MO			, Middle, Maide				
				401 8000						DE SPRO		- 0-11		
JANET JOHNS					LING ADDRESS (Street end Number or Rural i			Aoute Number, City or Town, State, Zip Cod., BALTO., MD. 212						
			205 01 4/						_	-				
1 M Burlel 2 Cremet	10e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetary, cremetary or other place) 20c. LOCATION — City or Town other place)													
	1 N Burlet 2 Cremetton 3 Removal from State other place) 1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY													
101 1	PART I. Enter the diseases, or complications the shock, or hast fellure. List only one cau		M							JR. FUI				
23. PART I. Enter the	diseeses, Dr haart failure.	Complications the	st csueed the use on each l	ins.	not ente	3818 r the m	ROL ode of d	AND ying, suc	AVEN	WE. BA	LTO.	MD	Approximate Interval Betwoonset and D	
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Rd

Falls

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21211

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATA (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Richard L 31. Date FILED (Month, Day, Year) FEB 21 1990

DHMH-16 Rev 1/89

TO THE HOSPITAL OF TO THE FUNERAL DIF DE filed within 72 hou IMPORTANT: If Itel

10%		ermit. Pages 1, 2, 3 should	
0 21203-3146	spital or attenting physician	URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for any many permit. Pages 1, 2, 3 should ours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	
BALTIMORE, MARYLAND 21203-3146	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-riours after death. Page 6 may be retained by the hospital or an infinity physician.	rector, page 5 should be detacl	em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
0	ithin 24 nours after death. Pag	letely filled in by the funeral di emation, or removal.	nt, the medical examiner
P.O. BOX 13146,	eath certificate be executed wi	attending physician and completed Hygiene prior to burial, cre	y, or other traumatic ever
NVISION OF VITAL RECORDS, P.O. BOX 13146,	N: The law requires that the d	URECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 ours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	Item 23 shows any injur
IVISION OF V	OR ATTENDING PHYSICIA	DIRECTOR: After this certion ours after death with the	em 28 is marked, or

4. SOCAL SECTION NUMBER 2.19 - 66 - 7439 3. SEX 4. ADGAIN SECTION NUMBER 2.19 - 66 - 7439 3. SEX BACKLITY NAME (If no hamble) 3. SEX BACKLITY NAME (If no	1. DECEDENT'S NAME (First, Middle, Las	DONALD	J. S.	CHERF	:R				2. DATE	OF DEATH		YEAR	3. TIME OF DEATN
219 - 66 - 7439 M. M. C. D. T. S. V. M. MALHO COURTY MAN (FOR MANN), LONG DEATH 84. COUNTY MAN (FOR MANN), LONG DEATH 85. COUNTY MAN (FOR MANN), LONG DEATH 85. COUNTY MAN (FOR MANN), LONG DEATH 85. COUNTY OF DEATH 85. STREET MAD NUMBER 92. A REGIONNE DRIVE 15. MANN LATITUDE 15. STREET MAD NUMBER 92. A REGIONNE DRIVE 15. MANN LATITUDE 15. MAN DECEMBER SPECIAL OR MANN (AND OF DEATH MANN), LONG DECEMBER OF DEATH 15. MAN DECEMBER SPECIAL OR MANN (AND OF DEATH MANN), LONG DECEMBER OF DEATH MANN (AND OF DEATH MANN), LONG DECEMBER OF DEATH MANN, LONG DEC		D	CITTE		T						3 9	0	11:55
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The Market Store 1	924 ARGONNE	DRTVE				1 6	2727	8					
College of Lord Polymer greek complexed College of Lord 2-1 2 2 2 2 2 2 2 2 2	11. MARITAL STATUS OT Diver Merried 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2		- 11	yee, spe	cify Cube	n, Mexicen	C ORIGIN , Puerto R	7 (Specify Yee licen, etc.)	or No—	Blec	k, White, etc.
Elementary/Secondary (10-13)			16e.	DECEDENT'S	USUAL OCC	CUPATIO	IN of worlds						
T. FATNER'S NAME (First, Middle, Mistern Summerrie) CHARLES SCHERR, JR. 198. MADING ADDRESS (Climat and Number or Treat Roofs Names, City or Sain, Stein, It 2064) RUTH ISAAC 308. METHOD OF DISPOSITION 198. BOWLEYS LANE /BALTIMORE, MD. 21206 308. METHOD OF DISPOSITION 209. BURIET J. Creaminton 3 Permovel from State 4 Donation 5 Other (Specify) BALTIMORE CEMETERY 208. PLACE OF DISPOSITION (Name of committee) or or committee or provided in the committee of the commit	Elementary/Secondery (0-12)	College (1-4 or 5 +)	life. Do NOT u	se retired.)	uning mos	St OF WORK	ry .			can i	Sec	urity
198. MAPORIANT'S NAME (Type/Print) 198. MAILING ADDRESS (Street and Number or Rural Pools Number, City or Town, Steel 54.08 BOWLEY'S LANE BALTIMORE, MD, 212.06 208. METHOD OF PISPOSITION (name of committing or promisely or pool of the property of the street of the printing of the property or pool of the property of the printing of	17. FATNER'S NAME (First, Middle, Last)								NE (First, N	fiddle, Maiden		ORD	
206_PLACE OF DISPOSITION 206_PLACE OF DISPOSITION (Name of centerly, cremetary) or complete 206_PLACE OF DISPOSITION (Name of centerly, cremetary) or complete 206_PLACE OF DISPOSITION (Name of centerly, cremetary) or complete 206_PLACE OF DISPOSITION (Name of centerly, cremetary) or complete 206_PLACE OF DISPOSITION (Name of centerly, cremetary) or complete 206_PLACE OF DISPOSITION (Name of centerly, cremetary) or complete 206_PLACE OF DISPOSITION (Name of centerly, cremetary) or complete 206_PLACE OF DISPOSITION (Name of centerly) or complete 206_PLACE OF DISPOSITION (19b. MAILING	ADDRESS	(Street as	nd Number	or Rural Re	oute Numb	er, City or Town	n, State, Zip	Code)	
Approximate 2 Cremation 3 Removal from State BALTIMORE BALTIMORE BALTIMORE MD	RUTH ISAA	C	THE LET	5408	BOWI	EYS	S LA	NE/	BALI	TIMOR	E, M	D.	21206
22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F. H. 1201 E. NORTH 23. PART I. Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) B. JAPICULES (Final disease or conditions) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): JOUE TO (O	pp Burlel 2 Cremation 3 R	emoval from State											
AMADIATE CAUSE (Final disease or conditions resulting in death) Boundary Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYNG CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): The mound compromised has been deather as a consequence of): DUE TO (OR AS A CONSEQUENCE OF): The mound compromised has been deather as a consequence of): DUE TO (OR AS A CONSEQUENCE OF): The mound compromised has been deather as a consequence of): DUE TO (OR AS A CONSEQUENCE OF): The mound compromised has been deather as a consequence of): DUE TO (OR AS A CONSEQUENCE OF): The mound compromised has been deather as a consequence of): DUE TO (OR AS A CONSEQUENCE OF): The mound compromised has been deather as a consequence of): The mound compromised has been deather as a consequence of): The mound compromised has a consequence of): The mound c	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F.H. 1101 E. NORTH								NORTH A				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATN (Check only one) 27. MANNER OF DEATN 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 29. PLACE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. PLACE OF INJURY — At home, farm, street, factory, office 29. PLACE OF INJURY — At home, farm, street, factory, office 29. DESCRIBE HOW INJURY OCCURED 29. DESCRIBE HOW IN	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Cluby DUE TO C. Mal	OR AS A CONS	SEQUENCE OF	harr	hea	<u>\</u>	,		lumi	nia		
EXAMINER? 1 YES 2 NO HOSPITAL: 1 YE 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. Manner of DEATN Netures 5 Pending Investigation 3 Suicide a Could not be determined 2 Accident a Could not be determined 2 PLACE OF INJURY At home, farm, street, factory, office 4 Homicide 28e. PLACE OF INJURY At home, farm, street, factory, office 28e. PLACE OF INJURY At home, farm, street, factory, office 28e. PLACE OF INJURY At home, farm, street, factory, office 28e. CERTIFEIR (Check only one) 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner see stated. 29e. SIGNATURE AND TITLE OF CERTIFIER Additional Physician and provided the time, date and place, end due to the cause(e) and menner seed to the cause(e) and men	PART II. Other algnificant condit	ions contributing to	desth but no	ot resulting	in the und	darlying	g cause	given in F	Part I.	PERFOR	MED?	248	0.
EXAMINER? 1 YES 2 NO HOSPITAL: 1 YE 10 PRODUCT TO THE PRODUCT TO	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF D	EATN (Cho	ck only on	01			
27. MANNER OF DEATH See. DATE OF INJURY 28b. TIME OF INJURY 28c.	EXAMINER?	HOSPITAL:	ER/Outmotts	3 [] 004									
Subcider		28e. DATE OF	INJURY	28b, T/A	RE OF	28c. INJ	URY AT	reigence (_		NJURY OCC	URED	
3 Sulcicle 4 Homicide 2es. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 2es. Could not be determined 2es. Could not be deter			ay, Year)	IN				NO					
(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, centro occurred at the time, date end place, end due to the cause(e) end menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Y) 2/6/80	3 Suicide a Could not	28e. PLACE O building,	F INJURY — At etc. (Specify)	home, farm,	street, facto	ery, office			28f. LOC	ATION (Street or Town, State)	and Number	or Rural	Route Number,
29b. SIGNATURE AND TITLE OF CERTIFIER Advience Molégnes Bren MD 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Y	(Check only												e) and menner se stat
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CALLS OF DEATH (ITEM 27) (Sing Print)			3/2no	n~	41								
With the Abortoo of Feriodi With Committee Condition of Death (Fem 21) (1904, Film)	1/1/2										may by	1 /)	
	30. NAME AND ADDRESS OF PERSON	WNO COMPLETED CAUS	E OF DEATH (TEM 27) (7/p)	e, Print)							17	0

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART				MENTA	L HYGIEN	E		04240
	1. DECEDENT'S NAME (First, Middle, Leat) DAVID R. SCH 4. SOCIAL SECURITY NUMBER 092-09-9623	offer 5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER	1 YEAR IF UNDAYS HOUS	IDER 24 HRS.	Feb	OF BIRTH	18,	PO	7:35 H
TOR	Shady Grave RESIDENCE OF DECEDENT	7 '	eg Ctr		TOWN OR LOC			23,	9c. COUNTY		н
DIRECTOR		itgomery		town o	R LOCATION CLE					100	I. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	9701 Medical Cente				10t. ZIP C	20850				S. A	COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED	1	Yes, specify C	uben, Maxico	en, Puerto		or No-	RACE — Black, Wi	American Indian, hite, etc.
APLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12 Years		160. DECEDENT'S ((Give kind of w life. Do NOT use	ork done or retired)	luring most of w	orking		Floor			
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Harry Schaffer					Etta		Middle, Maiden (Unkno	wn)		
70	19a. INFORMANT'S NAME (Type/Print) Michelle S. Seltz	er	9424 R		ill Dr						817
	20e. METHOD OF DISPOSITION XXBurlai 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20h. PLACE OF DISPOSITION (Name of cornetery, cremetory or King David Memorial Garden Falls Church, Virginia										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE DONALD M. STEIN HEB. MEMORIAL FUNERAL HOME 232 CARROLL STREET, N.W., WASHINGTON, D. C.										
	23. PART I. Enter the diseases, or cahock, or heart failure. LimmeDIATE CAUSE (Final disease or condition resulting in death)	ASPIRATION		oulso	the mode of	dying, aud	ch as can	disc or respi	ratory srres	t,	Approximate Interval Between Onset and Deat
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	PARKILLON'S OUE TO (OR AS A	CONSEQUENCE OF):							
L CEF	PART II. Other significant conditions	contributing to death bu	t not resulting is	n the un	derlying cau	se given in	Part i.	24a, WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINOINGS
PHYSICIAN: MEDICA	Severcent deneuting							PERFOR		AWA COI OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTMER		OF DEATH (C	heck anity a	ne)			
	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year)	tient 3 DOA 28b. TIME	4 X Nun	28c. INJURY A WORK?		_	SCRIBE HOW I	NJURY OCCUI	RED	
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, Stele)									Number,	
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) end menner as stated.										
O BE C	296. SIGNATURE AND TITLE OF CENTIFIER	cemus			29c.	B38	MBER 697)	29d. DATE S	GNED (M	onth, Day, Year)

ERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type

32. REGISTRAR'S SIGNATURE

Navidan-1991

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BABRIE

Day, Year)

DHMH-18 Rev 1/89

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Notice of		8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
On. Aller this continued has been agree of the antenning proposal and compressly med at on the series	fter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medicai
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Distributore	i. crema	event.
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	Virginia		e Showma		2. DATE OF DEATH	DAY	3. TIME OF DEATH	
Virginia 1	K. SHO	WMAN			2 1	4	90 1225 P.	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR IF UI	IDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
220-07-6224	1 M 2 F	75 YRS.	IONTHS DATA HOU	ets mire.	1-16-1	5	Maryland	
9a. FACILITY NAME (If not institution, give str	reet and number)	,	b. CITY, TOWN OR LOC	CATION OF DE	9c. COUI	NTY OF DEATH		
LONIENTERAbili	tation (e	nter	(olum	bia	Md	1 6	LOWARD	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		ine CITY	TOWN OR LOCATION				10d, INSIDE CITY	
,	ington	100.0111,	1,	V			LIMITS?	
10e. STREET AND NUMBER			VANCOC	ODF		I 10a. CITI	ZEN OF WHAT COUNTRY?	
Ant 283 W.M	nain ST) 1-7.	5-0		USA	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORI						e or No —	14. RACE — American Indian,	
1 Never Married 2 Married FORCES? 1 YES 2 X NO If yes, specify Cuban, Maxican, Puarto							Black, White, atc. Specify: / hite	
3 Widowed 4 Divorced	W PED, GIVE WAITON	DATES	1 160 2 6	aro specii	y.		Specify. Willice	
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S U	SUAL OCCUPATION rk done during most of w	ndina	16b. KIND OF BI	JSINESS/IND	USTRY	
Elementary/Secondary (0-12)	Collaga (1-4 or 5+)	Me. Do NOT use	retired.)					
1.2		Co-Owner/	Operator		Mote.			
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	n Surname)		
Harry Morton					Smith			
19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Nu					
John E. Showman			Grinstead		Sykesvil.	Le, Mo	1. 21784	
20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 X Cremation 3 ☐ Ramo	oval from State	other place)					City or Town, Stata	
4 Donation 5 Other (Specify)		Smithsburg				chsbur	g, Md.	
21. SIGNATURE OF FUNERAL SERVICE LIC	M		22. NAME AND AD	DRESS OF FA	Grove I	unera	al Home	
* Kuller	106	nat -	141 West	Main			Md. 21750	
23. PART I. Enter the diseasea, or o	omplications that caus	ed the death. Do no					reat, Approximete	
shock, or heart failure.							Onset and Dea	
disease or condition	Cuton.	Lamber	at Synd	wom.	9		20men	
reaulting in death) a,								
	DUE TO (OR AS A CONSEQUENCE OF):							
							20ment	
Sequentially list conditions, if any, leading to immediate	· Cance		19.					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	19.					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	r of lui	19.					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE OF	19.					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	n q.	ae given in		N AUTOPSY	20ment	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	n q.	ae given in	Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	n q.	ae given in	Part I. 24a. WAS A	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	n q.	ae given in	Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS	A CONSEQUENCE OF	the underlying cau		Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS DUE TO (OR AS d. a contributing to death	A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	the underlying cau	OF DEATH (C)	Part I. 24a. WAS A PERFC 1 TYES	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS DUE TO (OR AS d. HOSPITAL: 1 Inpatient 2 ER/OL	A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	26. PLACE OTHER: 1 Mursing Homa 5 OF 28c. INJURY A	DF DEATH (C/	Part I. 24a. WAS A PERFC 1 TYES	PRMED? 2 ∰-NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DUE TO (OR AS DUE TO (OR AS d. a contributing to death HOSPITAL: 1 Input Inpu	A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	26. PLACE OTHER: 1 Mursing Homa 5 OF 28c. INJURY A	OF DEATH (C/	Part I. 24a. WAS A PERFC 1 YES heck only one)	PRMED? 2 ∰-NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DUE TO (OR AS DUE TO (OR AS d. a contributing to death HOSPITAL: 1 Inpatient 2 ER/Ox (Month, Day, Year, 28a. PLACE OF INJUR 28a. PLACE OF INJUR	A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in stpetient 3 □ DOA Y 28b. TIME INJU	28. PLACE OTHER: OF 28c. INJURY / WORK? M 1 YES	OF DEATH (C/	Part I. 24a. WAS A PERF(1 YES about the control one) 8 Other (Specify) 28d. DESCRIBE HOW	PRMED? 2 NO INJURY OC	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	DUE TO (OR AS DUE TO (OR AS d. a contributing to death HOSPITAL: 1 Inpatient 2 ER/Ox (Month, Dey, Year, 28a. PLACE OF INJUR (Month, Dey, Year, 28a. PLACE OF INJUR (Month, Dey, Year,	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in ripatient 3 □ DOA Y 28b. Time INJU RY — At home, farm, at early)	26. PLACE OTHER: 4 Mureing Homa 5 OF 28c. INJURY / WORK? M 1 YES reet, factory, office	DF DEATH (C/ Rasidence IT 2 NO	Part I. 24a. WAS A PERF 1 YES 1 YES 28d. DESCRIBE HOW 28f. LOCATION (Street	PRMED? 2 HO INJURY OC	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. a contributing to death HOSPITAL: 1 Inpatlant 2 ER/OV Z8a. DATE OF INJUIT 28a. PLACE OF INJUIT 28a. PLACE OF INJUIT 28a. PLACE OF INJUIT CIAN: To the best of my known	A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in supportion 3 DOA Y 28b. Time INJU RY — At home, farm, st powledge, death occurred	26. PLACE OTHER: 4 Musing Homa 5 OF 28c. INJURY / WORK? 1 YES reet, factory, office	DF DEATH (C/ Residence IT 2 NO	Part I. 24a. WAS A PERFC 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State at to the cause(a) and m	PRMED? 2 NO INJURY OC t and Numbers)	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED CURED	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. a contributing to death HOSPITAL: 1 Inpatient 2 ER/Ox 28a. DATE OF INJUR (Month, Day, Year) 28a. PLACE OF INJUR building, atc. (Sc	A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in supportion 3 DOA Y 28b. Time INJU RY — At home, farm, st powledge, death occurred	25. PLACE OTHER: 4 Mursing Homa 5 OF 28c. INJURY WORK? 1 YES reet, factory, office	DF DEATH (C/ Residence IT 2 NO	Part i. 24a. WAS A PERFO 1 YES 1 YES 3 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stet) a to the cause(a) and many time, data and place,	INJURY OC Ind Number Ind Num	24b. WERE AUTOPSY PINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF	DEATH	R	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) Steve Spisak					2. DATE OF E		YEAR O	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5.	8	(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De) June	HRTH V. Mari		LACE (State or Foreign
9e. FACILITY NAME (If not institution, give etree)	7 103		9b. CITY. TOWN	OR LOCATION OF DE			NTY OF DE	
10504 Long Branch				ckeysville				e Co.
Maryland Baltin	nore Co.	10c. CITY,	Cocke					10d. INSIDE CITY LIMITS? 1 YES 2 XNO
10504 Long Branch				21030				HAT COUNTRY?
	P. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES	If yes, a	CENDENT OF HISPAI pecify Cuban, Mexica S 2 (NO Specif	in, Puerio Ricen	pecify Yee or No	14. RACE	- American Indian, White, etc.
15. DECEDENT'S EDUCAT (Specify only highest grade core Elementery/Secondary (0-12) 10th Grade			ork done during n retired.)	Shipping		of Business/ind		ry
17. FATHER'S NAME (First, Middle, Last) Steve Spisak						Cserven	yak	
19e. INFORMANT'S NAME (Type/Print) Mary Ann Spisak				and Number or Rural Branch F				Md. 21030
20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from Btate	other place) Metro				20c. LOCATION -		m, State
21. SIGNATURE OF FUNERAL SERVICE CON Paul T. Loc	chtampfor hstampfor	for	Lem	MON-Mitc	hell-Wi			Md. 21093
23. PART I. Enter the diseases, or conshock, or heart fellure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	ASCUP			ode of dying, suc	h as cardiac	or reapiratory an	reat,	Approximate Interval Between Onset and Deatl
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF						
PART II. Other eignificent conditions	contributing to death i	out not resulting is	n the underlyl	ng cause given in		. WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL								
EXAMINER?	IOSPITAL:	patient 3 🗆 DOA	OTHER:	THE SERVICE THE SE	8 - Other (Sp	pecify)		
27. MANNER OF DEATH Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	20b. TIME	OF 26c. If	JURY AT PORK? YES 2 NO		BE HOW INJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	f — At home, term, at cify)			26f. LOCATIO City or To	N (Street and Number wn, State)	r or Rural Ro	oute Number,
29e. CERTIFIER (Check only one) 2	IN: To the best of my know							end menner ee stated.
296. SIGNATURE NO TITLE OF CHROIPIER	re			29c. LICENSE NU				(Month, pgv. Year)
30. NAME AND ADDRESS OF PERSON WHO C Dr. Robert E. Sto				ive, To	wson,	Maryland	1 212	04

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

be detached for use as the burial-transit permit. Pages 1, 2, 3 should

remaining by the hospital or attending physician.

rs after death. Page 6 mm

BALTIMORE, MARYLAND 21203-3146

BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF M	ARYLAND / DE	PARTMENT			WENTAL HYGI		90 04248	
	1. DECEDENT'S NAME (First, Middle, Lest) MURIEL	Ε.	S	KIRVE	N		2. DATE OF DEATH MONTH Feb. 2	O, 199	3. TIME OF DEATH 4:35 A M	
	220-46-5168	5. SEX	6. AGE (In yrs. last birth	RS. MONTHS	DAYS HO	UNDER 24 HRS.	7, DATE OF BIRTH (Month, Day, Year 7-27-1	909 1	6. BIRTHPLACE (State or Foreign Country) Maryland	
TOR	9a. FACILITY NAME (If not institution, give street Dulaney-Towson RESIDENCE OF DECEDENT		g Home		WSON	OCATION OF DE	ATH	111	timore Co.	
DIRECTOR	Maryland			Balti:	more				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1004-A Woodson 11. MARITAL STATUS		EVER IN U.S. ARMED	42	21	212	No opioum to	U.S	EN OF WHAT COUNTRY?	
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced		YES YZYNO		If yes, specify		IIC ORIGIN? (Specify n, Puerto Ricen, etc.)	Yee or NO—	14. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15, DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +	(Give kir life, Do h	ENT'S USUAL Ond of work done VOT use retired.)	CCUPATION during most of	working		BUSINESS/INDL	ISTRY	
E-COMF	12 Years 17. FATNER'S NAME (First, Middle, Last) Floyd	S.	Hous Langr	ewife		MOTHER'S NA	ME (First, Middle, Mail	ome den Surname) Hand		
TO BI	190. INFORMANT'S NAME (Type/Print) Kenneth R. Simn		19b. MA	ILING ADDRES	S (Street and h	Number or Rural I		Town, State, Zip	Code) 21212	
,	Kenneth R. Simmons 1004-A Woodson Road Baltimore, Maryland 200. METHOD OF DISPOSITION 1 Burlei 2 Cremation 3 Removal from State 4 Donetion XX Other (Specify) Entombment Lorraine Park Cemetery 200. Location - City or Town, State Balto.Co., Maryland									
	21. SIGNATURE OF FUNERAL, SERVICE LICE	14	6) W	illi a 521 I	Loch R	Johnson aven Bl	vd.To	Funeral Home wson, MD21204	
Z	23. PART I. Enter the diseases, or co- ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one can	coveed the death.	Do not anter		-	as cardiac or re		Interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	()	OR AS A CONSEQUEN	ICE OF):	na-	oft	Brees	7		
MEDICAL	PART II. Other significant conditions	contributing to	death but not resul	iting in the u	nderlying co	tuse given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:		HOSPITAL:	ER/Outpatient 3 🗆 D	OTHE 4 17 Nam	Ri	E OF DEATH (Ch	eck only one) 6 Other (Specify)			
ву РНУ	27. MANNER OF DEATH 1 Matural 5 Pending 2 Accident Investigation	MANNER OF DEATH Description 28e. DATE OF INJURY (Month, Day, Year) 1 1 1 1 1 1 1 1 1						Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURED		
ETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)									
COMPL	one) 2 MEDICAL EXAMINER		my knowledge, death o		opinion, death	occured at the	time, date end plece	, end due to the	e ceuse(e) end menner se steted.	
O BE	29b. SIGNATURE AND TITLE OF CERTIPIER	Onco	rece	n)	1	C. LICENSE NUI	7383		SIONED (Month, Day, Year) -2-0-90	

JERSON WHO COMPLETER CAUSE OF DEATH (ITEM 27) (Type, B

"2"1 "1990

100 DANG (MEM 27) (NOR PHI 102 MEGISTRAR'S SIGNATURE TUNA DAVIDSON—HANDSES

2-1204

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has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use		once.
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funeral d		23 shows any injury or other traumatic event, the medical examiner must be notified at once.
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ompletel	Dept. of Health and Mental Hygiene prior to burial, cremation, or ren	event.
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	FOR STATE OF MARVI A	ND / DEPARTMENT (E HEAITH AND I	MENTAL HYGIENE	90 04249
	1 - STATE REGISTRAR	CERTIFICATE		REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	JAMES A. SHERMAN	seed up		D" 10	90 1/30 p 11
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In) 212-07-2040 1) AM 2 F	YRS. last birthday) IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. BIRTHPLACE (State or Foreign Country)
~	9a. FACILITY NAME (If not institution, give street and number)	96. CITY, TO	OWN OR LOCATION OF DE	ATH 9c. (COUNTY OF DEATH
5	MESCY MERCURAL LETTER	Bal	Hmore		
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR I	LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	1.004111	101. ZIP CODE	, 10g.	CITIZEN OF WHAT COUNTRY?
FUNERAL	1103 Steel for Hule		21224		1.5.
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ADMED 13. WAS		IIC ORIGIN? (Specify Yea or No	- 14. RACE - American Indian,
B	1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR DAT		ee, specify Cuben, Mexica YES 2 NO Specify		Black, White, atc.
TED	(Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCU (Give kind of work done duri life. Do NOT use retired.)		16b. KIND OF BUSINESS	INDUSTRY
COMPLET	Elementery/Secondary (0,12) College (1-4 or 5+)			Hiller	ic Bros. Rest.
ш	17. FATHER'S NAME (First, Middle, Last) Sherman, Charles.		- 1	ME (First, Middle, Melden Suman	isy Coleman
TO B	190. INFORMANT'S NAME (Type/Print)			Route Number, City or Town, State	
-	Catherine Emminizer	2161 Kirkle	igh Road -	Baltimore, Md	
	20a, METHOD OF DISPOSITION 1 [©] Burlel 2 ☐ Cremetion 3 ☐ Removal from State 2/: 4 ☐ Donation 5 ☐ Other (Specify)	PLACE OF DISPOSITION (Name other place)	of comotory, cromatory or awn Cemeter		M - City or Town, Stata more, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		ME AND ADDRESS OF FA		1005 Dundalk
	> Thatter G. Dabrows	ki Wa	lter Dabro	wski Fun'l Ho	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	CONSEQUENCE OF):	l. oarti	c oreme	
	PART II. Other significent conditions contributing to death but	t not resulting in the unde	riving cause given in	Part I. 24e. WAS AN AUTOI	PSY 24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL				PERFORMED?	AVAILABLE PRIOR TO
ME					1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				
S	EXAMINER? HOSPITAL:	OTHER:	26. PLACE OF OEATH (Ch		
H	1 YES 2 NO 1 Impettent 2 ER/Outpe 27. MANNER OF DEATH 286. DATE OF INJURY		g Home 5 - Residence	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJURY	OCCURED
ву Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	WORK?		00001125
		— At home, farm, street, factory	, office	281. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Number,
BE COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle one) 2 MEDICAL EXAMINER: On the basis of examination				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	201	29c. LICENSE NUI	MBER 29d.	DATE SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED PAUSE OF DEA	TH (ITEM 27) (Type, Print)	038	75/	2/15/80
	31. DATE FILED (Month, Day, Year) 32. REGISTAR'S SIGNA	Relfin	on 14	0. 2/200	
	* FEB 21 BGD Julia Davidson Po				
					OHMH-16 Bay 1

DHMH-16 Rev 1/89

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours aft	JIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	de	and the second s
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DECEDENT'S NAME (First, Middle, La	st)					2. DATI	E OF DEATH			3. TIME OF DEATH	
OLLIE M. SF			EFLETT			MON	MONTH DAY		90	1:47 A1	
SOCIAL SECURITY NUMBER	1/	6. AGE (In yrs. last b		IF UNDER 1 YEAR	IF UNDER 24 HR	7. DATE	OF BIRTH		Counti	APLACE (State or Foreign	
213-12-6920	1/XM	71	YRS.			_	21-1918			RGINIA	
e. FACILITY NAME (If not institution, gi			3		OR LOCATION OF			9c. COUN	ITY OF D	EATH	
FRANCIS SCOTT				BAL	LTIMORE	CITY					
DESIDENCE OF DECEDENT		T	10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY	
MARYLAND	BALTIMORE	Ξ			DUNDA	LK				LIMITS?	
De. STREET AND NUMBER				10	M. ZIP CODF			10g. CITIZ	ZEN OF V	WHAT COUNTRY?	
2801 WEST WOOD	WELL ROAD				212	22				U.S.A.	
1. MARITAL STATUS Never Married Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1,X,YES IF YES, GIVE WAR OR DATES WW II			13. WAS DECENDENT OF HISPAN If yea, specify Cuban, Mexicar 1 VES 2 X Specify			n, Puerto Rican, etc.)			14. RACE — American Indian, Black, White, etc. Specify:	
15. DECEDENT'S	EDUCATION	16a, DECE	EDENT'S U	ISUAL OCCUPATI	ION	16	b. KIND OF BUS	INESS/IND	USTRY		
(Specify only highest g	College (1-4 or 5+)	# A	Oo NOI' use	retired.)	ost of working						
6TH GRADE	N/A	5	SUPER	RVISOR			BETH.	STE	EL S	HIPYARD	
17. FATHER'S NAME (First, Middle, Last) HARVEY M. SHIFFLETT				18. MOTHER'S NAME (First, Middle, Melden Surname) PEARL KNIGHT							
CONSTANCE J. C	OCHRAN		100	ADDRESS (Street	and Number or Ru ROAD		nber, City or Town			21222	
0a. METHOD OF DISPOSITION X Burial 2 Cremation 3 F	Samoval from State	other plan	1		metery, crematory			CATION -			
☐ Donation 5 ☐ Other (Specify)		OAK I	AWN	CEMETE	RY 2-	19-199	90 B	ALTI	MORE	, MARYLAN	
1. SIGNATURE OF MERAL SERVICE	LICENSEE	11		22. NAME A	-RICK H	MERAT	HOME	OF DI	INDA	IK, INC.	
DA DE LEMAN TO SERVE	E Kee	,	th Do n	7922	WISE A	VENUE	DUNDAL	K, M	ARYI	AND 21222	
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DIRECTOR

FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARTAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the continued on attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTN 3. TIME OF DEATH EDNA DINKINS TALLEU Feb. 19 1990 A SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 - M 2 XF YRS 214-18-0052 68 1921 Virginia Aug. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1416 North Potomac Street Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? Maryland Baltimore XX YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 1416 North Potomac Street 21213 \mathcal{A} 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 Naver Merried 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced Black 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5+) 12th Grade Domestic Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surna Emmett Dinkins Elsie Gibbs 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Darryl Talley 6000 Cross Country Blud. Baltimore MD 21
20c. LOCATION - City or Town, State 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or a. METHOD OF DISPOSITION

Burial 2 Cremation 3 Ramoval from Stata

Donetion 5 Other (Specify) Garrison Forest Veteran Com. Baltimore County, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 2501 Gwynns Falls Pkwy. Baltimore, Maruland, 21216 23. PART I. Enter the disasses, or complications that coused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, by heart failure. List only one couse on each line. Approximata Interval Between **Onaet and Death** IMMEDIATE CAUSE (Final diseese or condition CANCER 6 MC JANA reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not reaulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 Realdence & Other (Specify) 4 - Nursing Home 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED Natural Accident 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, 3 Suicide 6 Could not be 4 Homicide determined 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the typine of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D CAUSE OF DEATH (ITEM 27) (Type, Print) 71/ MD Davidson-Asharis 21 1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OTHE OF BUILDING	CERTIFIC		DEATH	REG.	NO.			
1. DECEDENT'S NAME (First, Middle, Last)	and the second s				2. DATE OF OEATI	QAY e	YEAR	3. TIME OF DE	
	BM PKI				02.	14	90	2:33	Р.м
4. SOCIAL SECURITY NUMBER 577-66-3136	5. SEX 6. AG	The second secon	ONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 5 / 15 / 4	8	Country	PLACE (State or s) Sh.,D.	
9a. FACILITY NAME (If not institution, give		9	b. CITY, TOWN (R LOCATION OF DE	EATH	9c. COI	JNTY OF DI	EATH	
17117 Fairway	View Ln.		Upper	Marlb	oro	P	.G.		
10a. STATE 10b. COUNT	P.G.		pper N	Marlbor	0			10d. INSIDE CI LIMITS?	
17117 Fairw	ay View Lr	1.	101	20772		10g. Cl	U.S.	A.	?
11. MARITAL STATUS 1 Never Merried 2 XMarried 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puarto Rican, aic.) IF YES, GIVE WAR OR DATES If yes, specify: Specify: Specify:				- American in , Whita, atc. fy: .ack	dlen,			
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		life. Do NOT use i	rk done during ma	st of working		BUSINESS/IN	IDUSTRY		
17. FATHER'S NAME (First, Middle, Last)	rank McDou	h l s n s			ME (First, Middle, Ma da Bati				
	Tank McDoo								
194. INFORMANT'S NAME (Type/Print) Samuel E. Tomp	kins			10 ab	Route Number, City or	Town, State, Z	ip Code)		
204, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rer 4 Donatton 5 Other (Specify)		Chelten	ION (Name of cer	netery, crematory or	200	LOCATION -		wn, Stata	
21. SIGNATURE OF FUNERAL SERVICE L	M. Pra	et	22. NAME 44 492	Washi	figton & oughs A	Sons	,Inc		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	S A CONSEQUENCE OF): S A CONSEQUENCE OF):							
resulting in death) LAST	d								
PART II. Other significant condition CACC I MUMA AS DUMS AS THATA	MEMST	Aric To		g cause given in	PER	S AN AUTOPS RFORMED?	246	. WERE AUTOPS) AMAILABLE PRICOMPLETION D OF DEATH? 1 YES 2	OR TO OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	neck only one)				
1 TYES 2 NO	1 - Inpatient 2 - ER/O	utpatient 3 DOA 4	□ Nursing Hon		6 Other (Specify)				
27. MANNER OF DEATH 1 🔀 Netural 5 🗍 Pending 2 Accident Investigation		r) INJUI	RY WC	DRY AT DRK? YES 2 NO	26d. DESCRIBE H	O YRULNI WC	CCURED		
3 Suicide 6 Could not be determined	26a. PLACE OF INJU building, atc. (S	IRY — At home, farm, atr specify)	eet, fectory, offic	0	261. LOCATION (St City or Town, S	reet and Numb Itale)	er or Rural F	Route Number,	1/2
anal and	SICIAN: To the best of my kn							i) and menner e	e stated.
29b. SIGNATURE AND TITLE OF CERTIFI	York	MO		29c, LICENSE NU	MBER 4 94	29d. D/	O 2	(Month, Day, Ye.	ar)
30. NAME AND ADDRESS OF PERSON W	- YORK	, M.D. 5		reeNAN	ding Re	d.Up	627' per	7337C	Hd 2
FEB 21 1990	Se. REGISTRAR'S SI	GNATURE							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at oppe. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

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13146,
BOX
P.0.
RECORDS,
F VITAL
DIVISION OF

		1	1. DECEDENT'S NAME (First, Middle, Last) HELEN	V	ALEN	TIN	E				2. DATE	OF OEAT	7 94	19	SEAR	3. TIME OF DEATH
			4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1		IF UNDER			OF BIFITI		1	s. BIRTHP Country)	LACE (State or Foreign
	9		217-12-3969-A	1 🗆 M 2 🔏 F	66	YRS.	MONTHS	DAY\$	HOURS	MIN.	8	14/		3		ryland
	should	~	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, 1			ON OF D	EATH		9	c. COUN	ITY OF DE	ATH
	2, 3	CTOR	Homewood Hospital	South			Bal	tin	nore							
	Pages 1,	REC	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR	LOCAT	TION							10d. INSIDE CITY
	Z .	ā	Maryland			Bo	iltimo	re	, en			- 7				N YES 2 □ NO
	permit.	ERAL	100. STREET AND NUMBER					101.	ZIP COD				10			IAT COUNTRY?
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46 physician.	purial	FUN	1 Never Married 2 X Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 Y	NED.	lf.	yes, spe	ENDENT Code	n, Maxica	n, Puerto	Rican, ato	c.)	No-	Black,	- American Indian, White, etc.
ding ding	‡	В	3 Widowed 4 Divorced	IF TES, GIVE W	AN ON DATES			1E3	2 140	Specii	у:				Specify	Black
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2120 ital or att	Loc P	LET	Elementery/Secondary (0-12)	College (1-4 or 5 +)		se retired.)					H-ab	:11	K-h	n Da	pt. Store
OS disord	cho	COMPL	High School 17, FATHER'S NAME (First, Middle, Last)		I Ke	erail	Buye	er	15 MOT	HER'S NA	ME (First,		-		n be	pr. Store
LA	8 H	ECC	James Howard Doi	ahteru							ta M					
E I	Miles Med	00	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (-					itete, Zip	Code)	
E E	du e	2	Randolph N. Vale	entine	30	013 A	londau	umii	n Ave	2.	B	alti	more	, M	aryl	and 21216
PRE 6	must b		20a. METHOD OF DISPOSITION 1 Burlel 2 Cramation 3 Rem	oval from State	other pl	ece)	SITION (Nam				Cem. Baltimore Count					
M ege			4 Donetion 5 Other (Specify)	CENSEE	Garr	son	Fores	ST \	Vete1	ss of F	cem,	Nicht	Ball	imo	re u	Homes Inc
E de	tuneral dis I. examiner		1 1 lo lo v	5 V	1.41	100									rai 1	Homes, Inc.
D Pa			23. PART I. Enter the diagesea, or	complications the		et Do			nore							Approximate
Sil	= 2 0		shock, or heert feilure.				int differ t	no mo	oo Di uy	my, suc	JII 618 C-01	ulec Di	respirati	Diy ani	001,	Intervel Between Onset and Death
	ation, or		iMMEDIATE CAUSE (Final disease or condition	SE	PTIC	EI	MIA									Chart and Double
6, with	completely ial, cremat event, t		resulting in death) DUE TO (OR AS A CONSEQUENCE OF): GANGRENE OF BOTH LEG'S													
13146, acuted w	and corr burial,	NO	Sequentially liet conditions,	D.	INGRE			1	BC)	17					
× å	or to	ATI	if any, leeding to immediate cause. Enter UNDERLYING	VERE	DUENCE C	REA	AI	L	FA	AILURE						
a 5	ne p	FIC	CAUSE (Disease or Injury thet initieted events	OR AS A COMPE	Ollewor o	Nor on.										
0.0	H H	ERTIFICATION	resulting in deeth) LAST	CEREBRAL ISCHEMIA and CONGESTIVE HEART FAIL								BKT FAILUR				
E 0	Mer Me	LC	PART II. Other significant condition							given In	Part I.		AS AN AU			WERE AUTOPSY FINDINGS
That t	a au	EDICA	PERIPHERAL	- VAS	A THE PARTY OF THE							AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
ECORDS	een signed of Health a shows any	MED	DIABETES	MELLI							1 TES 2 NO					
Z 2		AN:	SEIZURES	DISOR	DERS.											
VITAL		SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	2	LACE OF E							
	the the	HYS	1 YES 2 NO	1 1 Inpatient 2 28s. DATE OF		DOA 28b. TII	4 Nural	-	JURY AT	esidence		er (Specifi		JRY OCC	CURED	
	with with	Y P	1 Natural 5 Pending	(Month, D	lay, Year)	IN	JURY M	WC	YES 2	NO	200.00	.yorube i	TOW INCO	,,,,	JOINED	
/ISION ATTENDING	W O M	DB	2 Accident Investigation 3 Suicide 8 Could not be		F INJURY — At he atc. (Specify)	ome, farm,	street, facto	ry, offic	in					Number	or Rural Ro	oute Number,
DIVISION OR ATTENDING	DIRECTOR: hours after Item 28 Is	ETE	4 Homicide detarmined		ates (Speedly)		90.				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
DIA OB		IPLE	Torrow orny	ICIAN: To the best of	my knowledge, de	eth occur	red at the tin	na, date	and place	e, end du	a to tha co	suse(a) an	nd manne	r an atat	ed.	
OSPIT	FUNERAL WITHIN 72 TANT: If	COMPL	one) 2 MEDICAL EXAMIN	ER: On the basie of a	xamination and/or	Investigati	on, in my op	Inlon, d	death occu	red at the	e time, dat	e and pla	ice, and d	lue to th	e cause(a)	and manner as stated.
TO THE HOSPITAL	TO THE FUNERS be filed within 7 IMPORTANT:	BE	29b, SIGNATURE AND TITLE OF CERTIFIE	D. V. m. D	5				29c. LIC	ENSE NU	MBER		2	9d. DAT	E SIONED	Month, Day, Year)
2	2 2 3	70	30. NAME AND ADDRESS OF PERSON WI		Δ.	M 27) (Ton	a Print)								-/1	1/90
			A. C. CHOUVAL I	T, M.D.			00 D	-	1051	ITI	7L	CEL	VTE	R		
			31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE											
			FFR 21 1990 de	la Karidson	- Brode St											
																OHMH-16 Ray 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

7	IJ	ner
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dean. Page 100 THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furner of find within 72 hours after death with the State Deut; of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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1 with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fired within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	ven
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TO T	2	M

1 - STATE REGISTRAR	SIAIL OF MA		ICATE O		REG. NO				
1. DECEDENT'S NAME (First, Middle	e, Last)				2. DATE OF DEATH	DAY Y	3. TIME OF DEATH		
Fay Matthe	ws Vest				Feb. 18,	1990	3:00 A'		
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday)			7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTNPLACE (State or Foreign Country)		
231-62-7394	1 D M 2 D	76 YRS.	MONTHS DAYS	HOURS MIN.	Aug. 10	. 1918	Virginia		
9e. FACILITY NAME (If not instituted	n, give street and number)		9b. CITY, TOWN	OR LOCATION OF D			OF DEATH		
115 Hollow E			Timor	nium		Balt	timore Co.		
10e. STATE 10b.	COUNTY	10c. CI	TY, TOWN OR LOC	ATION					
Maryland E	Baltimore Co.		Timoniur	n			1 YES 2 NO		
10e. STREET AND NUMBER				IOt. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?		
115 Hollow Bi	rook Road			21093		U	.S.A.		
11. MARITAL BTATUS	12. WAS DECEDENT				NIC ORIGIN? (Specify Y		. RACE — American Indian, Black, White, stc.		
1 Never Married 2 Marris 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2 NO		epecify Cuben, Mexic ES 2 NO Speci	an, Puarto Rican, atc.) /y:	Specify: White			
15. DECEDEN	T'S EDUCATION	18e. DECEDENT	S USUAL OCCUPA	TION	16b. KIND OF B	USINESS/INDUS			
(Specify only high) Elementary/Secondary (0-12)	college (1-4 or 5+)	(Give kind o	f work done during . use retired.)	most of working					
		Hou	sewife		Hon	nemake	r		
17. FATHER'S NAME (First, Middle,	Last)			16. MOTHER'S NA	AME (First, Middle, Maide	n Surname)			
Clifford C.	Matthews			Lillia	n I. D	avis			
19a. INFORMANT'S NAME (Type/Pr		19b. MAILIN	O ADDRESS (Street		Route Number, City or To		ode)		
F. Agnew Ve	st	115 k	Hollow B	rook Ros	d, Timoni	ium M	d 21002		
		20b. PLACE OF DISP					y or Town, Blate		
20a METNOD OF DISPOSITION 1 Surial 2 Cremation 3 4 Donation 5 Other (Spec		Forest La			12000		d. Virginia		
21. SIGNATURE OF FUNERAL SEE	VICE VICENSEE			AND ADDRESS OF F		i. virginia			
tout .		pol	Lemi	mon-Mitch	nell-Wiedefeld, Inc. a Road, Timonium, Md. 2				
immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Bronch Bronch Bronch Superio	atory fail RAS A CONSEQUENCE OGENIC CAR RAS A CONSEQUENCE OR Vena Ca	cinoma or: val obs	truction			18 mos		
that initiated events resulting in death) LAST	d	R AS A CONSEQUENCE	OF):						
	Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Pneumothorax 244. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO								
25. WAS CASE REFERRED TO ME	DICAL		24	PLACE OF DEATH (C	hands and some				
EXAMINER?	HOSPITAL:		OTHER:						
1 YES 2 NO		ER/Outpetlent 3 DOA			8 Other (Specify)	V IN HURN AGON	nen.		
1 Natural 5 Pend	28s. DATE OF IN (Month, Day,		NJURY	INJURY AT WORK?	28d. DESCRIBE HOV	V INJURY OCCU	RED		
2 Accident Inves	tigation	INJURY — At home, farm		YES 2 NO	001 1 00171011 101		David David Market		
3 Suicide 6 Could 4 Homicide deter	d not be building, at		n, street, tactory, o	rrics	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
anal and	O PNYSICIAN: To the best of m								
296. SONATURE AND TITLE OF	CERTIFIER			29c. LICENSE NO	JMBER	29d. DATE	SIONED (Morth, Day, Year)		
I have	2000	V Con	W	DILL	74	1 2	19190		
30. NAME AND ADDRESS OF PER		OF DEATH (ITEM 27) (TA	rpe, Print)				11110		
Dr. Donald C	. Wood, M.D	., 2 Green		w Drive,	Timonium	, Md.	21093		
31. PEBB 2011, Ongran	32. REGISTRAR	'S SIGNATURE							
1000	Jan Julio acon	- North Contraction							

most be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN' CERTIFICATE OF DEATH	TAL HYGIENE REG. NO.	0 04233
	JAMES VINSON ME	ATE OF DEATH DAY 8	3. TIME OF DEATH
		lonth, Day. Year)	B. BIRTHPLACE (State or Foreign Country)
OR	90. FACILITY NAME (If not institution, give street and number) LINCOLN CONV. NURSING House 12.17 W. FILUSTI	E GT 9c. COUNT	Y OF DEATH
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OF COATON WAYE, W	A 2 (22 2	VI. 71.37
DIRECTOR		4.727	10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL	10e, STREET AND NUMBER 101, ZIP CODE	10g. CITIZI	EN OF WHAT COUNTRY?
in in	LINCOLN CONV. N/H 1217W FAGETES 21222	6	15A
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 7 NO Specify:	IGIN? (Specify Yes or No— 1 rto Rican, atc.)	4. RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) College (1-4 or 5+) LAGO Z	16b. KIND OF BUSINESS/INDU	STRY
ME	17. FATHER'S NAME (First, Middle, Last)		
		st, Middle, Maiden Surname)	UE VINSON
BE	19a. INFORMANT'S NAME (Turns/Print) 19b. MAILING ADDRESS (Street and Number of Rusin Routine	humber City or Foun State 714	OF DINSON
2	- Th -1		4 CITY
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cernetary, crematory or other place)	20c. LOCATION — CI	
	4 Donation 5 Other (Specify) Service LICENSEE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY		21213
	> Betts Funeral Home 1129 N CAR		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as a shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. Aug 2 Palmanara Embolistical Cause (Finel disease or condition resulting in death)	cardiac or raspiratory arre	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	T	
L CE	PART (i. Other significant conditions contributing to death but not resulting in the underlying cause given in Part	. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
: MEDICA		PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check on	Ny one)	
Sic	EXAMINER? HOSPITAL: OTHER: OTTER: OTHER: OTTER: OTHER: OTHER: OTTER: OTTER		
РНУ	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK?	DESCRIBE HOW INJURY OCCU	JRED
TED BY	2 Accident Investigation 3 Suicide S Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
E	29e, CERTIFIER	cause(a) and menner as state	
MPL	(Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, date and place, and due to the one) 2 MEDICAL EXAMINER: On the bast of examination and/or investigation, in my opinion, death occurred at the time,		the state of the s
BE COMPL	(Check only 1 A CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time,	data and place, and due to the	the state of the s
E COMPL	(Check only 1 A CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time,	data and place, and due to the	cause(s) and manner as stated.

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 my presented by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner minimater and once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF H		MENTAL HYGIEN		0 04236
	1. OECEDENT'S NAME (First, Middle, Last) BENJAMIN W. WITK	OWSKI	OLI III	TOATE OF	DEATH	2. DATE OF OEATH DA	Y YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-05-0466	1 X M 2 🗆 F	E (In yrs. lest birthdey) 70 YRS.	IF UNDER t YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-15-19	C	IRTHPLACE (State or Foreign ountry) ARYLAND
TOR	90. FACILITY NAME (If not institution, give street VA MEDICAL CENTE RESIDENCE OF DECEDENT			FORT H	OWARD	ATH	BALT	TMORE
DIRECTOR	MARYLAND 10b, COUNTY			ALTIMORE	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER 212 N. MILTON AV 11. MARITAL STATUS	ENUE 12. WAS DECEDENT EVER	DIN U.S. ADMED		21224	IIC ORIGIN? (Specify Yee	U	SA
BY	t Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 X YE	S 2 NO	If yee, sp		n, Puerto Ricen, etc.)		RACE — American Indian, Bleck, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of life, Do NOT u	work done during me use retired.)	ost of working	18b. KIND OF BUS	SINESS/INDUSTI	ay .
BE COM	17. FATHER'S NAME (First, Middle, Last) JOSEPH WITKOWSKI					ME (First, Middle, Maiden NE SCZYNKI	Sumame)	
10 8	190. INFORMANT'S NAME (Type/Print) CLINICAL RECORDS					ROUTE Number, City or Town		
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Remo 4 Oonation 5 Other (Specify)		HOLY ROS	son Co	meter	y B1	CATION — City	or Town, State
	21. SIGNATURE OF, FUNERAL SERVICE LICE	Vickus		EO 40	ND ADDRESS OF FA	hester	er St	
	23. PART I. Enter the diseases, or control of the second o	let only one cause on	eed the death. Do neach line. HMTAS S A CONSEQUENCE D		ode of dying, auc	h as cardiac or respi	ratory arrest,	Approximata interval Between Onset and Death
LION	Sequentially list conditions, if any, leading to immediate		FAILURE S A CONSEQUENCE C	DF);				
HTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	CHRONI DUE TO (OR A	C OBSTRUCE CONSEQUENCE CO	CTIVE PU	LMONARY_I	DISEASE		
PHYSICIAN: MEDICAL CE	PART II. Other algoriticant conditions	contributing to death	n but not reaulting	in the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO	HOSPITAL:	hidnetlant 2 17 DOA	OTHER:	LACE OF DEATH (Ch			
ву РНУ	27. MANNER OF OEATH 1 Neturel 5 Pending	28e. DATE OF INJUR (Month, Day, Yea	TY 28b. TI	ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	ED
TED	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJU- building, etc. (S	JRY — Al home, ferm, (pecify)	streel, factory, offic	00	28f. LOCATION (Street of City or Town, State)		ural Route Number,
COMPLE	one) —	CIAN: To the best of my kn						use(e) and menner ee stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	sher	La .		29c. LICENSE NUI	MBER	29d. OATE SIG	SNED (Month, Day, Year) 2-19-90
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	OFATH (ITEM 27) /7/0	a Print\				

Dr. Ibrahim Bshara, MD., VA MEDICAL CENTER, Ft. Howard, Maryland 21052

31. DATE FILED (MOOTH, Day, Year)

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

	pino		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pure some continuate of the bursal-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burfal, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumattc event, the medical examiner must be refilled at once.

1 - STATE REGISTRAR	STATE OF N		/ DEPAP	ICATE	OFH	EALTH AND I DEATH	MENTAI	REG. NO.	E		
1. DECEDENT'S NAME (First, Mich.	EC WH	15:4	TN.	67	01	/	2. DATE MONTE	OF DEATH	19-9	YEAR 3	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH , Day, Year)		Country)	ACE (State or Foreign
578-38-1857			77 THS.	9b. CITY	. TOWN O	R LOCATION OF DE	Apr	30,	1912	Loui Y OF DEA	siana
MERCY 1	MEDICAL	CEN	VIER	7	BAri	Enme					
RESIDENCE OF DECED	ENT . COUNTY	- m	100 CIT	Y. TOWN C	OD LOCATI	ON					od. INSIDE CITY
Maryland				altin		Old .				lχ	LIMITS?
104. STREET AND NUMBER			20	AL L LII	-	ZIP CODE			10g. CITIZI	EN OF WHA	AT COUNTRY?
124 West Fran	klin Street	Ant	1406		2	21201			u.s	A.	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED		Il yes, ape	ENDENT OF HISPAN city Cuban, Maxica 2 NO Specifi	n, Puarto F		or No-	4. RACE — Black, V Specify:	- American Indian, White, atc.
33 Widowed 4 Divorced	1945 to										Black
15. DECEDEI (Specify only high	NT'S EOUCATION hest grade completed)		Give kind of life. Do NOT u	work done	CCUPATIO during mos	N t of working	16b.	KIND OF BUS	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)					lu:	. 1.	C	1 (-	
12th grade 17. FATHER'S NAME (First, Middle,	Last)		Truck	Dru	er	18. MOTHER'S NA		ghway		ly Co	ompany
						Anna 1			,		
19a. IMFORMANT'S NAME (Type/F	Print)		19b. MAILING	ADDRESS	S (Street ar	nd Number or Rural			n, State, Zip (Code)	
Agnes Fields	5		2508	Wood	llanc	l Ave.	Bali	timore	, Mar	yland	21215
20a. METHOD OF DISPOSITION	☐ Ramoval from State	20b. PLAC				etery, crematory or			CATION — C		
4 Donation 5 Other (Spe	ctfy)	Ga	rriso	n For	rest	Veteran	Cem.	Bal	timor	e Cor	inty, MD
21. SIGNATURE OF FUNERAL SE	RVICE LICENSEE			22.	SOI G	o address of fa	alls	Pkwy.	Fune	ral t	domes, Inc
23. PART I. Enter the dises	ees or complications the	111111111	donth Do	B_c	altin	iore. Ma	rylar	ncl 21.	216		
shock, or heart	fellure. List only one cou			not anter	the mot	ie oi dying, suc	il es cerc	nec or respi	ratory erre	s t,	Approximate interval Between Onset and Dea
IMMEDIATE CAUSE (Finel disease or condition	5,083	IR									DIE DA
resulting in death)	DUE TO	(OR AS A CONS	SEOUENCE O	F):							LOGE VIII
Sequentielly list conditions if sny, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury	c	(OR AS A CONS		PF):	STRI	Ma					
that initiated events resulting in death) LAST	d	(011 20 21 0011	JEOUENUL U	,,,							
PART II. Other significent of	conditions contributing to	death but no	ot resulting	In the ur	nderlying	ceusa given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	C	/ERE AUTOPSY FINDING WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
				-			_		(1	YES 2 NO
25. WAS CASE REFERRED TO MI EXAMINER?	HOSPITAL:			OTHE		ACE OF OEATH (Ch	neck only on	Pe)			
1 TYES 2- TINO	1 - Inpatient 2		-	4 🗆 Nur	rsing Home	5 🗆 Residenca					
27. MANNER OF DEATH Natural 5 Penul Accident Inve	28a. DATE OF (Month, D stigation		28b. TIN	JURY M	28c. INJU WOI 1 Y		28d. DES	CRIBE HOW I	NJURY OCC	JREO	
Suicide 8 Cou	d not be 28e. PLACE 0 building,	F INJURY — AI etc. (Specify)	home, farm,	street, fac	tory, office			ATION (Street or Town, State)		or Plural Plou	te Number,
onel	NG PHYSICIAN: To the best of EXAMINER: On the basis of a										and manner se stated
THE VIGNATURE AND TITLE OF				,	1						
Norge &	Leiler		NO			29c. LICENSE NU	moen		▶ 7	1/19	(G1)
ALL MANE AND ADDRESS OF THE	HOS HOS	PIAL	TEM 27) (Type		B-4	trose	- /	12			
31. DATE FILED (Month, Day, Year,	32. REGISTRA	A'S SIGNATURE	E								

Obell

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

July Devidon Randall

1. DECEDENT'S NAME (FI		LAWAAN			ILL1	A	M5		MON	REG. NO	/19/9	90 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUI 140-62-064		5. SEX	6. AGE (In yrs. 1	last hinthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.			/19/7		IPLACE (State or Foreign or) JERSEY
9a. FACILITY NAME (If not	Institution, give s	treet and number)			9b. CITY, 7	TOWN C	R LOCATI	ON OF DE	EATH		9c. COL	JNTY OF D	EATN
9209 CONNE		RT			COLU	MBI	A				H	HOWARD	
RESIDENCE OF DE	10b. COUNT	γ		10c CII	Y, TOWN OR	LOCAT	ION						10d. INSIDE CITY
MARYLAND	F	HOWARD			LUMBIA								LIMITS?
100. STREET AND NUMBE		\m				101	ZIP COD				10g. CIT	TIZEN OF V	WHAT COUNTRY?
9209 CONNE	LL COUR						210	-				U.S.	
1 Never Married 2	MARITAL STATUS Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1 Yes, apecity, Cuban, Maxican, Puarlo Rican, etc.) 1 Yes 2 NO 2 NO 2 NO 3 NO							s or No—	14. RACI Blec Spec	E — American Indian, k, Whita, etc. BLACK			
(Specify of Elementary/Secondary	ECEDENT'S EDU only highest grade (0-12)		+)	(Give kind of life. Do NOT u	Work done du use retired.)	ring mo	ON st of worki	ng	16	b. KIND OF BU		DUSTRY	
10			SI	TUDEN?						SCHOOL			
17. FATHER'S NAME (First, JEFFREY WI										Middle, Maiden		EY	
19a. INFORMANT'S NAME										mber, City or Tow			
MICHELLE W				9209	CONNE	LL	COUR	T.CO	LUMU	BIA. MA			
20a METNOD OF DISPOS 14 Burlet 2 Creme 4 Donetion 5 Oth		oval from State	State 20b. PLACE OF DISPOSITION (Name of cametery, crematory of ROSEDALE CEMETERY					natory or				City or To	ewn, State EW JERSEY
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the his	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detax	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	unbourte. It is marked or item 22 shows any injury or other fraumatic event the medical examiner must be notified at once
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1 - STATE REGISTRAR			ERTIF	ICATE C	F DEA	TH		NO.				
1. DECEDENT'S NAME (First, Middle, Li William Bruce							2. DATE OF DEA	DAY /	YEAR 3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last hirthday)	IF UNDER 1 YE	ac Impe	R 24 HRS.	7. DATE OF BIRT	vary/4	6. BIRTHPLACE (State or Foreign			
215-04-8512	1- M 2 - F	20	YRS.	MONTHS DA		MIN.	12/30/	69	Country) Maryland			
9e. FACILITY NAME (If not institution, g		20		96. CITY, TO	/N OR LOCAT	ION OF DI			DUNTY OF DEATH			
1430 Francke A					hervi				Balto.			
RESIDENCE OF DECEDENT								1				
Maryland 106. CO	Balto.			thervi					10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
1430 France A	ke ve.			- 1 1	10f. ZIP COD	2109:	3		U.S.A.			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	TEVER IN U.S. A YES 2 2 WAR OR DATES		If yes		an, Mexica	NIC ORIGIN? (Spec on, Puerto Ricen, at y:		14. RACE — American Indian, Black, White, etc. Specify: White				
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	+)	DECEDENT'S (Give kind of life. Do NOT u		ATION most of work	ing		ursery	NDUSTRY				
17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First, Middle, A	laiden Sumame))			
William	C. Wimmer					Judi	th Re	ed				
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Str	et and Numbe	or Rural	Route Number, City		Zip Code)			
William C. Wim	mer			same as	10e							
20a. METHOD OF DISPOSITION 1 Burlel 24 Cremation 3 1	lemoval from State	20b. PLAC	DE OF DISPO	SITION (Neme o	cemetery, cre	matory or	2	e. LOCATION -	- City or Town, State			
4 Donation 5 Other (Specify)	4	Gre	eenmou					Balto	Md.			
21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1050 YORK Rd. 21204												
1) weld (dehade	di.		Ruc	k Tow	son 1	Funeral	Home,	Inc.			
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants Due to (on as a consequence of):											
PART II. Other significant condi	dtions contributing to	death but no	t resulting	in the under	ying cause	given in	p.	AS AN AUTOPS ERFORMED? VES 2 A NO	Y 24b, WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICA				2	B. PLACE OF	DEATH (C)	reck only one)					
1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	Home 5 D	esidence	6 Other (Specif	(y)				
27. MANNER OF DEATH	28e. DATE O	F INJUNY Day, Year)	28b, TJI		INJURY AT WORK?		28d. DESCRIBE		OCCURED			
1 Natural 5 Pending 2 Accident Investigat	2//6		WAY.	5/111 1	YES 2	LNO	Man	ging				
Suicide 6 Could not determine	ba 28e. PLACE building	of INJURY — At etc. (Specify)	LM.	street, factory,	herry	1/2 M	281. LOCATION (State)	ber or Rural Route Number,			
anal 4	HYSICIAN: To the best of	f my knowledga,	death occur	red at the time,			to the cause(e) a	nd manner ee a				
296 SIGNITURE AND TITLE OF CENT	FIER	- ()	28c, LIC	CENSE NU	MBER	29d. D	ATE SIGNED (Month, Day, Year)			
Mades	and	2	LEE	1	11)	-09	7383	1	16 Fabruary 91			
NOVES FO	PHO COMPLETED CAL	SE OF DEATH (I	TEM 27) (Typ	50/	701	KR	1-100	Son	m/2/204			
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE								
1. DECEDENT'S NAME (First, Middle, Last,	Harry	Walker	/Jr.	r		Ir	2. OATE OF OEATH	DAY 9	YEAR	3. TIME OF DEATH
4. SOCIAL SÉCURITY NUMBÉR 212-42-2879	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/21/43		Count	PLACE (State or Foreign ry) S . C .
9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY,	TOWN	R LOCATION OF DE		9c, COU	INTY OF D	
University Hospital					Bal	altimore				
10e, STATE 10b, COUNT	TY		Inc CIT	TY, TOWN O	B LOCAT	TION		-		10d. INSIDE CITY
Md.				Balti	lmor	e				1 H YES 2 NO
10e. STREET AND NUMBER					101	. ZIP COOE		109. CIT	TIZEN OF V	WHAT COUNTRY?
1927 Maul	Lsby Ct.					21237			USA	
11. MARITAL STATUS 1. Never Married 2 Merried	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2/		1	f yes, sp		NIC ORIGIN? (Specify Y in, Puerto Rican, atc.)	es or No-	14. RACE Black Spec	E — American Indian, k, Whita, atc.
3 Widowed 4 Divorced									B1.	ack
15. DECEDENT'S ED		16e. OE	CEOENT'S	USUAL OC	CCUPATIO	ON ist of working	18b, KINO OF B	USINESS/IN	OUSTRY	
(Specify only highest grad Elementery/Secondary (0-12)	College (1-4 or 5 +	Hha	. Do NOT u	ise retired.)	during mo	ist or working				
			N	one						
17, FATHER'S NAME (First, Middle, Last)			_			10 NOTHED'S NA	ME (First, Middle, Maide	o Sumama)		
	lker Sr.							_		
	LKEI DI.					Dai		lton		
19e. INFORMANT'S NAME (Type/Print)		19					Route Number, City or To			
Daisy Walto	on		827	N. A	Irli	ngton Av	e. Balto.	Md.	2121	7 Apt. 70
20s. METHOD OF DISPOSITION 1# Burlet 2 Cremetion 3 Re 4 Oonation 5 Other (Specify)	moval from Stete	20b. PLACE other pl Wes	of Dispo	Star	me of cel	metery, cremetory or	1	ocation – a tonv	-	
21. SIGNATURE OF FUNERAL SERVICE I		100	-			ND ADDRESS OF FA	ers Funer	al Ho	me P	Α
1 1 A 1/1					ESC	Ch Drocii				
23. PART I. Enter the disease, or shock, or heert fellure immediate CAUSE (Final disease or condition resulting in death)	e. List only one cau		e a	not enter	the mo	O Eutaw ode of dying, suc	P1. Balto the as cardiac or rea	. Md.	21:	Approximete interval Between Onset and De
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shock, or heert fellure image in the control of the course	a. Put DUE TO b. DUE TO c. DUE TO d. One contributing to VA 53 5 A C HOSPITAL: 1 Tinpstiant 2 280. DATE OF (Month, B) 1 280. PLACE Of building, Contributing to the best of	Jose on each line OF AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE Description Finjury — At head of the conse or and conse or a	OUENCE COUNTY OU	not enter Methodology Copperation OTHER A Nur Me OF JURY M A street, fact	130 the mo	O Eutaw Ode of dying, auc Ode	P1. Balto th as cardiac or rea Certifical Part I. 24a. WAS J. PERF 1 YES 1 Other (Specify) 26f. LOCATION (Stree- City or Fown, Sta	AN AUTOPSY ORMEO? 2 NO VINJURY OF tend Number tend due to	21: rreat, CLLLA CCUREO CCUREO or or Rural tated.	Approximate interval Betwo Onset and De Control Betwo Onset and De Control Con
shock, or heert fellure IMMEDIATE CAUSE (Final diaeese or condition resulting in death) Sequentieity list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other eignificent condition OEVERAL LV DVING 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicida 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	B. List only one cau a. Public To b. DUE TO c. DUE TO d. One contributing to VA 53 5 A C HOSPITAL: 1 Tinpstiant 2 280. DATE OF (Month, B) 280. PLACE OF building, VSICIAN: To the best of entering the contribution of the best of entering the cause of the contribution of the contribution of the contribution of the cause of	Jose on each line OF AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE Description Finjury — At head of the conse or and conse or a	OUENCE COUNTY OU	not enter Method DF): Cacar DF): The continue of superior of	130 the mo	O Eutaw ode of dying, aud ode of deep ode	P1. Balto th as cardiac or rea Certifical Part I. 24a. WAS I PERF 1 YES 1 YES 26f. LOCATION (Stree- City or fown, Sta- e to the cause(a) and no e time, date end place, MBER	AN AUTOPSY ORMEO? 2 NO Not and Number to and due to 29d. DA	21: rreat, CLUMA CCUREO cr or Rural the cause the cause CZ	Approximate interval Betwo Onset and De Control Betwo Onset and De Control Con

TO BE COMPLETED BY FUNERAL DIRECTOR

cito, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should er must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examples.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TU, CHIS

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FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR				MENTA	L HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Lest) CHIN YU						JANI	OF DEATH	Ď, 19 <i>9</i>	3.	TIME OF DEATH 4:38A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1		IF UNDER 24 HRS.		OF BIRTH h, Day, Year)	8.	BIRTHPL/ Country)	ACE (State or Foreign
227-32-3478	1 🖾 M 2 🗆 F	YRS.	MONTHS	DAYS	HOURS MIN.		16/08		Country)	
9a. FACILITY NAME (If not institution, give s THE JOHNS HOPK)				TOWN OF	RE CIT	EATH		9c. COUNTY BALTI		Н
RESIDENCE OF DECEDENT										
10e. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OF	R LOCATIO	ON				10	d. INSIDE CITY LIMITS?
	ARUNDEL	P	ASADE	NA					1	YES 2 NO
10e. STREET ANO NUMBER				101.	ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?
8445 FT. SMALLW	OOD RD.							-		
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES				NDENT OF HISPA			or No- 14.	RACE - Black, W	American Indian, hite, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR				NO Speci		, , ,		Specify:	
	-	Las DEGERENTE	1	O 10 17 10 1	-	Lan		1		NTAL
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of life. Do NOT u	work done di			161	, KINO OF BUS	INESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Inc. Do Nor E	Se recircu.)							
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N.	AME (First,	Middle, Maiden	Sumame)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS	(Street an	d Number or Rural	Route Num	ber, City or Town	n, State, Zip Co	de)	
-										
20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Rag	oval from Stata	other place)	SITION (Nan	ne of came	itery, crematory or		20c. LO	CATION — City	or Town,	State
4 Donation 5 Other (Specify) 1										
21, SIGNATURE OF PUBLIFIAL SERVICE LI	CENSEE	2-15-90	22. N	NAME AND	ADDRESS OF F	ACILITY				
V temars	110 Yelle			ATE	ANATOMY	BOA	RD. BA	LTO.	MD.	21201
23. PART/I. Enter the diseases, or	complications that cause	ed the death. Do	not enter	ths mod	s of dving, su	ch as cer	disc or respi	ratory srres	t.	Approximete
	Liet only one ceuse on				· · · · · · · · · · · · · · · · · · ·				• •	Interval Between
IMMEDIATE CAUSE (Fins)	Canic									Onset end Death
reaulting in death)	o. Seps. 5	A CONSEQUENCE (ND.							01 12/5
	DUE TO (OH AS	A CONSECUENCE (<i>r</i> -):							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO (OR AS	A CONSEQUENCE (OF):							
CAUSE (Disease or Injury	C	A CONSEQUENCE (NE).						-	
thet initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSCOUENCE C	<i>r</i> -):							
	d									
PART II. Other algnificent condition	ne contributing to death	but not reculting	In the un-	derlying	cause given is	Pert I.	24a. WAS AN			ERE AUTOPSY FINDINGS
							PERFOR			AILABLE PRIOR TO OMPLETION OF CAUSE
							1 TYES 2	LNG		DEATH?
									,	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				00.00	OF OF OFFI					
EXAMINER?	HOSPITAL:		OTHER	t:	CE OF OEATH (C					
1 VES 2 NO	1 - Impetient 2 - ER/OL				5 Residence	-				
27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year,		ME OF	28c. INJU WOF	IK?	28d. DE	SCRIBE HOW I	NJURY OCCU!	RED	
2 Accident Investigation			М		ES 2 NO					
3 Suicide 8 Could not be	28e. PLACE OF INJUI building, etc. (Sc		street, facto	ory, offica			CATION (Street or Town, State)		Rural Rou	te Number,
4 Homicide determined										
anel and	ICIAN: To the best of my kno									nd manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE				1						
A A A A	Sta ma				29c. LICENSE N	JMBEH		Z9d. OATE S	/ > -	onth, Day, Year)
Michael (Mer)	Nord .		-					1	30/	13
30. NAME AND ADDRESS OF PERSON WI				1/	0 11	-				
	- 6		r Mo	the s	L, Bulh	mane	NID	21	200	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	SNATURE								

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	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the e filed within 72 hours after death with the State Dept. Of Health and Mental Hygiene prior to burial, cremation, or removal

FEB 22 1990

Julia Davidson-Randille

	FOR STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR ERTIF	TMENT OF	HEALTH AND		G. NO.		
	1. OECEDENT'S NAME (First, Middle, Las	Melvyn					2. DATE OF DE	EATH DAY	YEAR	3. TIME OF DEATH
- 3	MELVIN		ASHE					ary 16,		11:02рм
	4. SOCIAL SECURITY NUMBER 212-42-7250	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BU (Month, Day, 11-1	PTH (Year) 2 4 4	a BIRTHI Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								ATH	
RECTOR	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIM								ORE	
DIREC	10a. STATE 10b. COUN	TY			T.TTMOR	E CITY				10d. INSIDE CITY LIMITS? GG YES 2 NO
FUNERAL	10e. STREET AND NUMBER	ATTOMICS		211		27278		10g. CiT		HAT COUNTRY?
N.	615 BARTLETT 11. MARITAL STATUS	A V E N U E	T EVER MILLS AF	MED	10 140 00	CENDENT OF HISPA	AND OBIOING IO-		- 10	have down to do
BY FU	11. MARTIAL STATUS (CT) Naver Married 2 Married 3 Widowed 4 Divorced		YES 2 0		If yes, s	pecify Cuban, Maxic S 2.[7] NO Spec	an, Puerto Rican,	atc.)	Black Specif	
ED E	15. DECEDENT'S EL	I VICATION	de DE	CEDENTIC	USUAL OCCUPAT	1011	L 465 WIND	OF BUSINESS/IN	DI 10 TW	BLACK
<u> </u>	(Specify only highest gra	de completed) College (1-4 or 5	·) (G	ive kind of a Do NOT us	work done during n se retired.)	ost of working	NA	OF BUSINESS/IN	DUSTHY	
COMPL	N A 17. FATHER'S NAME (First, Middle, Lest)		U	ISAE	SLEV					
BE CO	JAMES	ASH				ARN		Maiden Surname) D E	ELLA	
10	19a. INFORMANT'S NAME (Type/Print) ARNITA	DF				and Number or Rura				21218
	20a. METHOD OF DISPOSITION		20b. PLACE other pi	OF DISPO	SITION (Name of c	emetery, crematory or		20c. LOCATION —	City or To	
	4 ☐ Donation 5 ☐ Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE	I IVENUEE	_ MOU	IV 1. C		CEMETI		ANNE A	INUIVI	JEH CO, MD
	> Glades	Was	حرب		0.00			1101 1	E. N	ORTH AVE.
	23. PART I. Enter the diseases, D shock, Dr heart fellun				not entar the m	ode of dying, au	ch aa cardiac i	or reaplicatory ar	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	CMV	phe	um	oniti	_				Onset and Death
	reaulting in death)	A DUE TO	(OF AS A CONSE	QUENCE O	Ð:	node =		X	C	100-13
z		- Hegy	ured		-MM4	node =	FICIE	uch be	7K1	eich
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	D DUE TO	(OR AS A CONSE	OUENCE O	F):		54	ndro	Me	18 months
2	causa. Entar UNDERLYING CAUSE (Disease or Injury	a INCHA	OR AS A CONSE	75	clari	WI IV	eumbo	nia		lynouth
빌	that initietad evants resulting in death) LAST	DUE 10	(OR AS A GONSE	OUENCE O	F):					
15		d								
ابا	PART II. Other algorificant conditi					ng causa given i	n Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDINGS
2	Cryptaco	ccal 1	Nenin	91-	HIS		15	LYES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDI	1/			4						1 TYES 2 TIMO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH (C	Check only one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpetlant	DOA	OTHER:	ma 5 🗆 Residence	8 Other (Spe	ectfy)		
/ PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF		28b. TIN	JURY Y	JURY AT YORK? YES 2 NO	28d. DEŞCRIB	E HOW INJURY O	CURED	
ED BY	2 Accident Investigatio 3 Suicide 8 Could not b 4 Homicide datarmined	28a. PLACE (OF/INJURY — At he atc. (Specify)	ome, term,	street, factory, off	M 1 VES 2 NO factory, office 28f. LOCATION (Street and City or Town, State)			and Number or Rural Route Number,	
H										
COMPL	(Oriota trily	YSICIAN: To the best of INER: On the beals of a) and menner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIF					29c. LICENSE N	UMBER	29d. DA	TE SIGNED	(Month, Day, Year)
TO BI	Z. Daou	A WAD	SE OF BEATH	M 27 ~	Drive)		4.0.0	Þ ox	116	190
,	30. NAME AND ADDRESS OF PERSON	CAD /19	SE OF DEATH (ITE	T (Type	Rall:	more 1	Md. 2	1205		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked. or Item 23 shows any Indian.

	REGISTRAR	CI	ERITE	CALE OF	DEATH	REG. NO		. 70
	1. DECEDENT'S NAME (First, Michila, Last)	ell	1			2. DATE OF OEATH MONTH D	1/9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. In		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	218-84-4564 1□™	23	YRS.			April 8	1966	Maryland
	9a. FACILITY NAME (If not institution, give street and no	mber)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
DIRECTOR	Harbor View Hospita	al		В	altimore	City		
5	RESIDENCE OF DECEDENT							
2	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
<u>=</u>	Md. BAL	imore		BAl	timore			1 YES 2 NO
A	10a. STREET AND NUMBER			1	IOF. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	4230 Doris Ave.				2122	5	II.	SA
Z	11. MARITAL STATUS 12. WAS	DECEDENT EVER IN U.S. AF		13. WAS DI		IIC ORIGIN? (Specify Yes		RACE — American Indian.
		ES? 1 YES 2 S	HO		specify Cuban, Mexica ES 2 1 NO Specify			Black, White, atc. Specify:
ВУ	3 Widowed 4 Divorced	S, GIVE WIN ON DATES		1 1 11	is 2 K) NO Specify	<i>f</i> :		White
0	15. DECEDENT'S EDUCATION	16a, Di	CEDENT'S	USUAL OCCUPA	TION	16b, KIND OF BU	SINESS/INDUST	TRY
COMPLETED	(Specify only highest grade completed)	line line	live land of w	rork done during retired.)	most of working			
7	Elementary/Secondary (0-12) College 7th	(1-4 or 5+)	Linomr	oloyed				
2	17. FATHER'S NAME (First, Middle, Lest)		OHEIR	oroyea		ME (First, Middle, Malden		
BE	John Berger					e Marlene		
2	19a. INFORMANT'S NAME (Type/Print)	19				Route Number, City or Tow		
	William Horner		614	4 Umbra	Street	Baltimor	e Md.	21224
	20e. METHOD OF DISPOSITION 1 Septiminal 2 Cremation 3 Removal from		OF DISPOS	ITION (Name of o	cemetery, crematory or	20c. LO	CATION — City	or Town, Stata
	4 Donation 5 Other (Specify)	Mead	lowrid	dge Cem	etery	Ba	altimor	e Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME	AND ADDRESS OF FA	CILITY		
	* Connelly Fun	wal Hos	ne	Con	nelly Fun	eral Home	300Mac	e Ave. 21221
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE	QUENCE OF	7 :	ENCLOC	appites		
	PART II. Other significent conditions contrib	outing to death but not	resulting l	n the underly	Ing cause given in			24b. WERE AUTOPSY FINDINGS
N: MEDICAL	SIP S CEREBY	to Avenous VMSchile	DA	uy A	ABUSE ON T	PERFO	NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2
¥	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)		
Sic	EXAMINER?	ITAL: itient 2 ER/Outpatient	3 DOA	OTHER:	ome 5 🗆 Residence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 28a	. DATE OF INJURY	28b. TIM		NJURY AT	28d. DESCRIBE HOW	INJURY OCCUP	ED
	1 Natural 5 Pending	(Month, Day, Year)	INJ		WORK? YES 2 NO			
ВУ	2 Accident Investigation 28e	PLACE OF INJURY — At h	ome, farm, s	street, factory, of	fice	28f. LOCATION (Street	and Number or	Rural Route Number.
ED	4 Homicide S Could not be	building, etc. (Specify)				City or Town, State		
Ē	29a. CERTIFIER							
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the							ause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI	MBER	29d, DATE S	IGNED (Month, Day, Year)
TO BE	1/2 unaug	i ilis					•	2/21/90
-	30. NAME AND ADDRESS OF PERSON WHO COMPLI	Hanson	M 27) (700	Sporter 1	1 cent	er st	Bal	tmore, MD
	31. DATE FILED (Month, Day, Year) 32.	REGISTRAR'S SIGNATURE		100	3. 101 4110			
	FFP 22 1000 de K	vidson-Randall						
	LED NO 1330 June 101	o total						DHMH-16 Rev 1/89

	de	2	ex2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a source after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further fluet within 25 hours after death with the State Dect, of Health and Mental Hydiene brids to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exa
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENE REG. NO.	:			
	1. DECEDENT'S NAME (First, Middle, Las.	vernschub	William	Bauer	nschub	2. DATE OF DEATH MONTH DAY	- 20 40	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 212 09 5038	5. SEX 6. AGE (In	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year)	6. BI	ATHPLACE (State or Foreign		
TOR	90. FACILITY NAME (If not institution, give Sumusity RESIDENCE OF DECEDENT	Sure Sumusitan Hayte Baltimore But Sumusitan Hayte						F DEATH		
DIRECTOR	10a. STATE 10b. COUN	altimore	1	CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 KNO			
AL	10e. STREET AND NUMBER	to the state of the		101	ZIP CODE		10g. CITIZEN D	F WHAT COUNTRY?		
<u> </u>	415 Mace A			0.8	21221			USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DATE OF THE PROPERTY OF THE PROPE	2 NO	It yes, sp	ENDENT OF HISPAN Icity Cuben, Mexica 2 TNO Specify	IIC ORIGIN? (Specify Year n, Puerto Rican, etc.)		ACE — American Indian, lack, White, etc. pecify:		
COMPLETED	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of worl Me. Do NOT use n	rk done during most of working			Postal	Service		
BE COM	17. FATHER'S NAME (Flist, Middle, Last) Peter Bar	uernschub				ME (First, Middle, Maiden S rietta Arch				
TO B	196. INFORMANT'S NAME (Type/Print) Katherine Baue	ernschub, Wife	196. MAILING AD 415 M		nd Number or Rural in Balt	Ploute Number, City or Town,	State, Zip Code			
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	PLACE OF DISPOSITION OTHER PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF THE PLACE O	on (Name of cer wn Cem	etery		ation - chy o	e Co., Md.		
	21. SIGNATURE OF FUNERAL SERVICE		-	22. NAME AI Bru	d Address of FA zdzinski	Funeral Ho		, Md. 21221		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A		,	tony spira	din her	syn	Interval Between Onset and Death		
CAL	PART II. Other algnificant conditi	one contributing to death but		the underlyin	0	DEDECOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	EXAMINER? HOSPITAL: OTHER:								
	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. IN.		8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURE			
TED BY	2 Accident Investigatio 3 Suicide 8 Could not t 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Speci	At home, farm, atre	et, factory, offic	•	281. LOCATION (Street as City or Town, State)	nd Number or Ru	ral Route Number,		
COMPLET	0.00)	YSICIAN: To the best of my knowle						se(a) and manner as stated,		
BE	29b. SIGNATURE AND TITLE DF CERTIF	5 Supl	- mg)1	29c, LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Gay, Year)		
10	30. NAME AND ADDRESS OF PERSON OF	NHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pr	TILA	,MO.	9317				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE	Bundal	2		12311			

Photographs

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1. DECEDENT'S NAME (First, Middle, L	est)					MON		AY	YEAR	3. TIME OF DEATH
	iahanna			Boone		_	2-13-9)		1:54PM
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR		10.00	th, Day, Year)		8. BIRTH Counti	IPLACE (State or Foreigny)
579-94-3870	1 🗆 M 2 🔀 F	25	YRS.		1.001.0		. 25,	1964	Mar	ryland
9a. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY, TOWI	OR LOCATION O	OEATH		9c. COU	NTY OF D	EATH
Washington A	dventist H	ospital		Tako	ma Park			Mon	tgom	ery Count
RESIDENCE OF DECEDENT			T	W 7000 00 100	ATION:					
			10c. C11	TY, TOWN OR LOC						10d. INSIDE CITY LIMITS?
	ntgomery			Wheator						1 X YES 2 NO
10e. STREET AND NUMBER					101. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
2804 Denley F					20910				U.S	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AF 1 YES 2 2 WAR OR DATES		If yes,	ECENDENT OF HIS specify Cuben, Me ES 2 X NO Sc	dcan, Puarto		a or No—	Spec	
15. DECEDENT'S	EDUCATION	16a, DE	ECEDENT'S	USUAL OCCUPA	TION	16	b. KINO OF BU	ISINESS/INC		Black
(Specify only highest	grade completed)	(G	Give kind of a. Do NOT u	work done during .	most of working			011120011110		
Elementary/Secondary (0-12) 0-12	College (1-4 or 5	+)		urity G	lard		Southe	rn Ma	nage	emont.
17. FATHER'S NAME (First, Middle, Last	1		Sect	illey G	7		Middle, Maider		mage	ment
					IO. MOTHER S					
Davi 19a, INFORMANT'S NAME (Type/Print)	d J. Boone		b MARIA	ADDRESS (D.	of and Number or Ri		a Spiv		Codel	
		100								
Julia Boone					Place,		_			
1 Burtal 2 Cremation 3	Removal from State	other pi	lace)		cemetery, crematory	OF		OCATION		- 151
4 Donation 5 Other (Specify)	e i menuter	Ceda	r Hi.	11 Cemei	AND ADDRESS O		Su	itlan	d, N	Maryland
21. SIGNATURE OF PURESME, SERVIC	// //			Robe	ert G. M	ason	Funera	1 Hom	ie, I	Inc.
1	1, 6									
23. PART I. Enter the discusses, ahock, or fleart fall IMMEDIATE CAUSE (Finel discusses or condition resulting in death)	a. SEIZUR		e. DER	not enter the r						Approximate Interval Betwoened D
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

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3 PHYSICIAN: The law requires that the death	this certificate has been signed by the attendance with the Charles of Harith and Membel H	arked, or item 23 shows any injury, or
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IR ATTENDING PHYSICIAN: The law requires that the death	IRECTOR: After this certificate has been signed by the attend	om 28 is marked, or item 23 shows any injury, or
L DR ATTENDING PHYSICIAN: The law requires that the death	L DIRECTOR: After this certificate has been signed by the attence	I tem 28 is marked, or item 23 shows any injury, or
PITAL DR ATTENDING PHYSICIAN: The law requires that the death	RAL DIRECTOR: After this certificate has been signed by the attence of Health and Mental H	f. If Item 28 is marked, or item 23 shows any injury, or
OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death	JNERAL DIRECTOR: After this certificate has been signed by the attendance of Health and Membel He	INT: If Item 28 is marked, or item 23 shows any injury, or
E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death	E FUNERAL DIRECTOR: After this certificate has been signed by the attend	FIXANT: If Item 28 is marked, or item 23 shows any injury, or
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death	THE FUNERAL DIRECTOR: After this certificate has been signed by the attend	PORTANT: If Item 28 is marked, or item 23 shows any injury, or
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de-	The life will be state the treatment of the control

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CE		CATE OF		REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
1	FRancis Irwin Ban	z Sr.				2-19-19	90	10:40 P. M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest	birtnday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	6. BI	RTHPLACE (State or Foreign
	216-01-4519 1 RM 2 C	F 83	YRS.	MONTHS DAYS	NOURS MIN.	(Month, Day, Year) 1-16190	Co	altimore, Md.
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN C	R LOCATION OF OE		9c. COUNTY O	
œ	Good Samaritan Hospita	1		Ro1+	imore, Md		A	1+
6	RESIDENCE OF DECEDENT	L		Dait	Illore, Ma	•	-	741
Ĕ I	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d_INSIDE CITY
DIRECTOR	MD.			Baltim	ore			LIMITS?
	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
3	5307 Nuth Avenue				21206		II	S.A.
FUNERAL		DENT EVER IN U.S. ARI		13. WAS DEC		IIC ORIGIN? (Specify Ye	s or No- 14. R	ACE — American Indian.
	IF YES GI	1 YES 2 N	0	If yes, sp		n, Puarto Rican, etc.)	В	lack, White, etc.
B	3 Widowed 4 Divorced				- 21 110 0,000,			White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE	CEDENT'S U	ISUAL OCCUPATION	ON .	16b. KIND OF BU	ISINESS/INDUSTR	Υ
	Elementary/Secondary (0-12) College (1-4	Ma	Do NOT use	retired.)	st or working			
릴	8th Grade	Br	ewery	Worker		Natio	nal BRev	very
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide	Surname)	
ш	John Banz				Mary E	lizabeth :	Bocklage	2
0	19a. INFORMANT'S NAME (Type/Print)	196	MAILING /	ADDRESS (Street a		Poute Number, City or To		
2	Marie A. Banz		5307	Nuth Av	enue- Ba	Itimore, Mo	121206	
	20a. METHOD OF DISPOSITION	20b. PLACE	OF DISPOSE	TION (Name of cer	netery, cremetory or	20c. L	DCATION — City o	r Town, State
	1 Donation 5 Other (Specify)			Memori	al Park	В	altimore	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AT	ID ADDRESS OF FA	OH PTM		lair Road
	* Krthleen M. her			John C	. Miller			id21206
	23. PART I. Enter the diseases, or complications	12/00/						nd21206
CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	E TO (OR AS A CONSECUTION OF AS A CONSECUTION	NUMBER OF	rte	ane.	inco	e	30m
5								
CAL	PART II. Other algnificent conditions contribution	g to deeth but not h	eeuiting in	the underlyin	ceuse given in	Part I. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
0	Hypernafekr	male	1/	12t	Kelles	1 TES	2 - NO	OF DEATH?
ME			/_			_/		1 TYES 2 NO
ż			(
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL				ACE OF DEATH (O)	fick only one)		
S	INOSTITAL	2 V ER/Outpatient 3		OTHER: 4 Nursing Hom	e 5 🗆 Residence	6 Other (Specify)		
PHYSICIAN: ME		E OF INJURY tth, Day, Year)	26b. TIME INJU	OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCURE	D
BY	1 Netural 5 Pending 2 Accident Investigation	, Day, 10a7	11100		YES 2 NO			
	3 Suicide 26s. PLA	CE OF INJURY At ho ling, etc. (Specify)	ma, farm, at	reet, fectory, offic	•	261. LOCATION (Street City or Town, State	and Number or Ru	rel Route Number,
	4 Homicide determined	sing, are (openly)				City or lowit, State	9)	
	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the be	at of my knowledge de	ath occurre	d at the time date	and plans and due	to the enverted and		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis							se(e) and manner as stated
ပ္ပ	29b. SIGNATURE AND TITLE OF CERTIFIER			2				
8	230. SIGNALORE AND TOLE OF CENTIFIER	87 1 -	///	01/2 1)	29c LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CALISE OF REAL IN	4 272 /3	Dudy	1103	10	1 4	00-10
	1980 (Belan	Rd /1	enll	- Mi	D. 1	Vikin	ONG	m.D.
	31. DATE FILED (Midnith) Day, Hear) 32. REGI	ic Davidson-V	Pandell	2				

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1. DECEDENT'S NAME (First, Middle, Last)	5 2				MONT		NY	YEAR	3. TIME OF DEATH	
Kathryns	2. Durch	_		1	9		7	70	10 /Am	
579-24-1570	ALL SECURITY NUMBER 1 5. SEX 6. AGE (In yrs. lest birthday) FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH Outputy) 79 - 24 - 15 70 1 M 2 X F (29 YRS. MONTHS DAYS HOURS MIN. MONTHS DAYS HOURS MIN. 4							PLACE (State or Foreign		
9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH		9c. COUNT	-	EATH	
residence of decedent and Scherspring md										
District of Col			Y, TOWN OR LOCA						10d. INSIDE CITY LIMITS?	
District of Col	umbia		ngton 196, C					1 XYES 2 NO		
1460 Sheridan	st n.	W		20011			Uni	ted	d States	
11. MARITAL STATUS 1 Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexica S 2 NO Specifi	in, Puerto I		or No— 1	4. RACE Black Speci	American Indian, k, White, etc.	
15. DECEDENT'S EDUC (Specify only highest grade			USUAL OCCUPATI		16b	. KINO OF BUS	INESS/INDU	STRY	10000	
Elementary/Secondery (0-12)	College (1-4 or 5+)	Ille. Do NOT us		tired		Corre	20.00.00	~ +		
17. FATHER'S NAME (First, Middle, Last)	Years	He w	cmp	18. MOTHER'S NA	AME (First, I		Surname)	nτ		
Charles H. Sto	ckton					Sedri				
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural						
George Stockto				sas Ave						
t XBurial 2 Cremetion 3 Remo	oval trom Stata	other place)		emetery, cremetory or			cation - ci	111111		
21. SIGNATURE OF FUNERAL SERVICE LIC		JINCOIN	22. NAME /	ND ADDRESS OF FA	CILITY			<u>u</u>	MD.	
			Char	To sot Dans		TT				
blohm .	atemant.	III		wart Fu				ash	n. D.C.	
23. PATT I. Enter the diseases, or canock, or heart fellure.	omplications that cause	d the death. Do neech line.	4001	Bennin	g Rd	l., N.	E. W	ash at,	Approximata Interval Between	
shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition	List only one cause on e	eech line.	4001 not enter the m	Bennin	g Rd	l., N.	E. W	ash at,	Approximata Interval Betwe Onset and Dec	
shock, or heert fellure. I	Respir	atory fa	4001 not enter the m	Benning ode of dylng, suc	g Rd	disc or respi	E. W	ash et,	Approximata interval Between	
shock, or heert fellure. IMMRDIATE CAUSE (Finel disease or condition resulting in death)	Respir OUE TO (OR AS A	atory fa aconsequence o lmonale	ilure conges	Bennin	g Rd	disc or respi	E. W	ash	Approximata interval Betwee Onset and De-	
shock, or heert feilure. IMM&DIATE CAUSE (Finel disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	Respir OUE TO (OR AS AS COR OR AS	atory fa a consequence o lmonale	4001 not enter the m ilure f): & conges f): ctive pu	Benning ode of dylng, suc	g Rd	disc or reapl	E. W	ash	Approximata interval Betwee Oneet and Dec	
shock, or heert fellure. IMMBDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Respir OUE TO (OR AS AS COR OR AS	atory fa a consequence o lmonale a consequence o c obstru	4001 not enter the m ilure f): & conges f): ctive pu	Benning ode of dying, such	g Rd	disc or reapl	E. W	ash	Approximata interval Betwe Onset and Dec 3 wks	
shock, or heert feilure. IMM&DIATE CAUSE (Finel disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	Respir OUE TO (OR AS A COT - DU DUE TO (OR AS A Chroni DUE TO (OR AS A	atory fa a consequence o Imonale a consequence o c obstru a consequence o	4001 not enter the m ilure fi: & conges fi: ctive pu	Benning and desired and desired head	g Rd chasecon	ailure ase ad	E, W ratory arre-	at,	Approximata Interval Betwee Onset and Dec 3 Wks 3 Wks 3 Wks 4 Wks	
shock, or heert fellure. IMMBDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted evente resulting in death) LAST	Respir OUE TO (OR AS A COT - DU DUE TO (OR AS A Chroni DUE TO (OR AS A	atory fa a consequence o Imonale a consequence o c obstru a consequence o	4001 not enter the m ilure fi: & conges fi: ctive pu	Benning and desired and desired head	g Rd chasecon	ailure	E, W ratory arre-	at,	Approximata interval Between Onset and Dec 3 wks 3 wks 3 wks 4 yrs	
shock, or heart fellure. ImmEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflisted evente resulting in death) LAST	Respir OUE TO (OR AS A COT - DU DUE TO (OR AS A Chroni DUE TO (OR AS A	atory fa a consequence o Imonale a consequence o c obstru a consequence o	4001 not enter the m ilure fi: & conges fi: ctive pu	Benning and desired and desired head	g Rd chasecon	ailure ase ad	E, W ratory arre-	at,	Approximata Interval Betwe Onset and Dec 3 Wks 3 Wks 3 Wks 3 Wks 5	
shock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Respir OUE TO (OR AS A COY - DU DUE TO (OR AS A Chroni DUE TO (OR AS A Chroni DUE TO (OR AS A A B COntributing to death &	atory fa A CONSEQUENCE O IMONALE A CONSEQUENCE O C OBSTRU A CONSEQUENCE O Dut not resulting	4001 not enter the m ilure f): & conges f): ctive pu f):	Benning ode of dying, such attive hea almonary ng ceuse given in	g Rd chase com	ailure ase ad 24e. WASAN PERFOR 1 YES 2	E, W ratory arre-	at,	Approximata Interval Betwee Onset and Dee 3 Wks 3 Wks 3 Wks 4 Wks	
shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significent condition	Respir OUE TO (OR AS / DUE TO (OR AS /	atory fa a consequence o Imonale a consequence o c obstru a consequence o but not resulting	4001 not enter the m ilure f): & conges f): ctive pu f): In the underlyle 26. F OTHER: 4 liv Nursing Ho	Benning ode of dying, such stive head almonary ng couse given in	g Rd Art for dise	ailure ase ad 24e. WASAN PERFOR 1 YES 2	Vance_	246	Approximata Interval Between Onset and Dec 3 Wks 3 Wks 3 Wks 4 Wks	
shock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	Respir OUE TO (OR AS A COY - DU DUE TO (OR AS A Chroni DUE TO (OR AS A Chroni DUE TO (OR AS A B CONTROL TO (OR AS A CHRONI DUE TO (OR AS	atory fa a consequence o Imonale a consequence o c obstru a consequence o but not resulting	4001 not enter the m ilure f): & conges f): Ctive pu f): In the underlyle 26. F OTHER: 4 lik Nursing Ho	Benning ode of dying, such active head almonary ng ceuse given in	g Rd Art for dise	ailure ase ad 24e. WAS AN PERFOR 1 YES 2	Vance_	246	Approximata Interval Betwe Onset and Dec 3 Wks 3 Wks 3 Wks 3 Wks 5	
shock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	Respir OUE TO (OR AS / DUE TO (OR AS /	atory fa a consequence o Imonale a consequence o C Obstru a consequence o but not resulting	4001 not enter the m ilure F): & conges F): Ctive pu F): In the underlyle 26. F OTHER: 4 IV Nursing Hor M 1 1	Benning ode of dying, such stive head almonary processes given in PLACE OF DEATH (Cr me 8 Residence USURY AT ORK? YES 2 NO	g Rd ch se cere crt f. dise. Part I. B Othe 28d. DE:	ailure ase ad 24e. WAS AN PERFOR 1 YES 2	Vance Autopsy In No No No No No No No No No No	24b	Approximata interval Betwe Onset and Dec 3 wks 3 wks 3 wks 3 wks 4	
shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sulcide 8 Could not be determined 29a. CERTIFIER (Check only)	Respir OUE TO (OR AS A COY - DU DUE TO (OR AS A CHYONI DUE TO (OR AS A CHYONI DUE TO (OR AS A	atory fa a consequence o Imonale a consequence o c obstru a consequence o but not resulting pettent 3 DOA 28b. Till in. Y— At home, ferm, wiedge, death occurr	4001 not enter the m ilure f): & conges f): ctive pu f): In the underlyle 26. F OTHER: 4 liv Nursing Ho ME OF 25c. IN JURY M 1 street, factory, offi	Benning ode of dying, such attive head almonary receive given in PLACE OF DEATH (C) The S Residence SURRY AT ORK? YES 2 NO ce e and piece, and dur	g Rd Art for the second of th	ailure ase ad 24e. WAS AN PERFOR 1 YES 2 ATION (Street or Yown, State)	Vance Autopsy imeo? No NJURY Occurrence as stated	24b	Approximata interval Betwee Onset and De- 3 wks 3 wks 3 wks 4 yrs Were autopsy finoin Amalable Prior To Completion of Cause Of Death? 1 yes 2 no	
shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sulcide 8 Could not be determined 29a. CERTIFIER (Check only)	Respir OUE TO (OR AS / DUE TO (OR AS / Chroni DUE TO (OR AS /	atory fa a consequence o Imonale a consequence o c obstru a consequence o but not resulting pettent 3 DOA 28b. Till in. Y— At home, ferm, wiedge, death occurr	4001 not enter the m ilure f): & conges f): ctive pu f): In the underlyle 26. F OTHER: 4 liv Nursing Ho ME OF 25c. IN JURY M 1 street, factory, offi	Benning ode of dying, such ative head almonary receive given in PLACE OF DEATH (C) The B Residence S Residence S NO The and place, and during death occurred at the	Q Rd Art for the second of th	ailure ase ad 24e. WAS AN PERFOR 1 YES 2 CATION (Street or Nown, State) use(a) and mer	Vance Autopsy IMEO? NO NJURY Occu	24b	Approximata interval Betwee Onset and Decay an	
shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhitsted evente resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1	Respir OUE TO (OR AS / DUE TO	atory fa a consequence o Imonale a consequence o C obstru a consequence o but not resulting pettent 3 DOA 28b. Till in. Y— At home, ferm, activ) wiedge, death occurron and/or investigetik	4001 not enter the m ilure F): & conges F): Ctive pt F): In the underlyle 26. F OTHER: 4 M Nursing Ho E OF 28c. IN JURY M 1 street, fectory, offi	Benning ode of dying, such stive head almonary place of Death (C) me 8 Residence SURRY AT ORK? YES 2 NO ce the and place, and during death occurred at the	Q Rd Art for the second of th	ailure ase ad 24e. WAS AN PERFOR 1 YES 2 CATION (Street or Nown, State) use(a) and mer	Vance Autopsy IMEO? NO NJURY Occu	24b	Approximata interval Betwee Onset and De- 3 wks 3 wks 3 wks 3 yrs WERE AUTOPSY FINOIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be hearlied at once.

	FOR 1 - STATE REGISTRAR	STATE OF I					EALTH AND DEATH	MENT	AL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Las	(1)		1				2. DAT	E OF DEATN	Y	YEAR	3. TIME OF DEATN	
	JESSICA 4. SOCIAL SECURITY NUMBER	F.			BULLC			2	2 17 90			5:58 A	М
		5. SEX	6. AGE (In yrs. le		IF UNDER 1	DAYS	HOURS MIN.	7. OAT	E OF BIRTH oth, Day, Year)		6. BIRTI	HPLACE (State or Foreign try)	
	412-04-3379	1 M 2/G F	29	YRS.					y 29,			ennessee	
~	9e. FACILITY NAME (If not institution, give				9b. CITY, 1		R LOCATION OF D	EATN		9c. COU	NTY OF D	DEATH	
СТО	Prince George's General Hospital C						heverly			Pri	.nce	George's	_
R	10e. STATE 10b. COUNTY 10c. CITY, TOWN C					LOCATI	ION				10d, INSIDE CITY LIMITS?		
□	Maryland Prince Georges' Lando					ver					1 YES 2 NO		
FUNERAL DIRECTOR	10e. STREET AND NUMBER					ZIP CODE			IZEN OF	WNAT COUNTRY?			
	3406 Dodge	e Park R	oad			2	0785			Uni	ted	States	
5	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. A				ENDENT OF NISPA			or No-	14. RAC	E — American Indian, ik, White, etc.	Т
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced		WAR OR DATES	JNO			2 NO Speci		o Hicen, etc.)		Spec	Specify:	
							<i>1</i> 1				ack		
TED	15. DECEDENT'S E (Specify only highest gro		(Give kind of	work done du	CUPATIO	N at of working	1	6b. KIND OF BUS	SINESS/INI	DUSTRY		
Ш	Elementary/Secondary (0-12)	College (1-4 or 5	+)	la. Do NOT u	ree retired.)								
MP	12th Grade		F1	ower	Cle	rk			Gia	nt	Foo	de	
COMPLET	17. FATNER'S NAME (First, Middle, Last)						18. MOTHER'S NA	AME (First	t, Middle, Malden	Sumeme)			
BE	Willie Effine	ger					Ве	rni	ce Eff	ing	er		
10	19e. INFORMANT'S NAME (Type/Print)						nd Number or Rural						
-	Vernon Bullock	2		3406	Dod	ge	Park R	oad	, Land	love	r, I	Marvland	
. 6	Vernon Bullock 3406 Dodge Park Road, Landover, Maryland 20e. METNOD OF DISPOSITION 1 XBurlel 2 Cremetton, 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetory, cremetory or other place) 20c. LOCATION — City or Town, State												
	4 Donation 5 Dother (Specify) Maryland Veterans Cemetery Cheltenham, MD.											_	
	Stewart Funeral Home												
	milal	. Olly	last.		40	01	Bennin	g R	d., N.	E.	Wasl	h. D.C.	
	23. PART I. Enter the diseases, of heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one ca	at coused the cuse on each life in consider in consider as a cons	iurie	es	ha mod	de of dying, aud	ch as ca	ardiac or reapl	ratory ar	rest,	Approximata Interval Between Onset and Deet	
NO	Sequentially list conditions,	b											
CERTIFICATION	if any, leading to immediate												
10	cause. Enter UNDERLYING CAUSE (Disease or Injury the full lated words.) DUE TO (OR AS A CONSEQUENCE OF):												
È	that initieted events resulting in death) LAST	DOE IX	O (ON AS A CONS	EOUENCE	r;								
H		d,											
MEDICAL (PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceusa given in Part							Part I.	I. 24e. WAS AN AUTOPSY PERFORMED?		241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 X YES 2 \(\sigma\) NO	8
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DEATH (C	heck only	ane)				-
	EXAMINER? 1 🖄 YES 2 \subseteq NO 1 \subseteq Inpatient 2 \widehit{\widehit}\wideh												
Η	27. MANNER OF DEATN					28b. TIME OF 28c. INJURY AT		28d. DESCRIBE HOW INJURY OCCURED					-
	1 Natural 5 Pending (Month, Day, Year)				JURY M	WO	RK? YES 2X NO	Pedestrian struck by auto					
В	2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office										nd Number or Rural Route Number,		
ED	building, etc. (Specify)								Ity or Town, State)				9
ET	29e. CERTIFIER	Landovel Road, Plince George											
NP.	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated.												
COMPL	One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end manner ee atated.												
ш	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER							29d. DA	TE SIGNE	D (Month, Day, Year)			
0 8	In and I	I anu	51				OCM	E		2	-18-	-90	
F	30 NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	USE OF DEATH (IT	FM 27) /3m	e Print)								_

111 Penn Street

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Savidson-Randell

Frank J. Peretti, M.D.

FEB 22 1990

DHMH-16 Rev 1/89

Baltimore, MD 21201

	FOR 1 - STATE	STATE OF MARYLA				MENTAL H		U	04269		
	REGISTRAR		CERTIFI	CATE OF	DEATH	P	EG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	19 1990	YEAR 3	. TIME OF DEATH		
		CARL JOSEPH BRANSCUM							2:25 M		
			in yrs, lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I (Month, Da		6. BIRTHPL Country)	ACE (State or Foreign		
	224 41 0/21	1 X M 2 D F	15 YRS.				21 1974		DIANA		
00	9a. FACILITY NAME (If not institution, give atre	OR LOCATION OF OE	PEATH 9c. COUNTY OF DEATH								
0	NATIONAL NAVAL ME	MONTGOMERY									
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			1	Dd. INSIDE CITY		
FUNERAL DIRECTOR	VIRGINIA FAIRFAX CHANTILLY						1 🗆				
AL.	10e. STREET AND NUMBER	KIAK			f. ZIP CODE		10g. CITIZ		AT COUNTRY?		
ER/	13504 KING CHARL	EC DDTTE			2202	1	TIN	מקוייי דו	CTATEC		
N I		12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS OE	CENDENT OF HISPAN			14. RACE -	STATES - American Indian,		
BY	1 X Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Mexica 2 NO Specify			Specify	WHITE		
ED	15. DECEDENT'S EOUCA (Specify only highest grade or		16a. DECEOENT'S U	ISUAL OCCUPATI ork done during m	ON out of working	16b. KIN	OF BUSINESS/INOL	STRY			
		College (1-4 or 8+)	tife. Do NOT use	retired.) TUDENT		D		7			
MP	0		21	ODENI		Pu	blic Scho	OT			
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	le, Malden Surname)				
BE	LARRY HOMER B	RANSCUM			POLI	Y ANN	GOODWIN				
10	19e. INFORMANT'S NAME (Type/Print)						City or Town, State, Zip				
	LARRY H. BRANSCUM					ROAD, CHANTILLY, VA 22021					
	20a. METHOO OF DISPOSITION 1X Xeurial 2 Cremation 3 Remov	al from State	. PLACE OF DISPOSI other place)				20c. LOCATION — C				
	4 Donation 5 Other (Specify)	and the N	Arlingto		nal Ceme		Arlingto	n, Va	a.		
	10,1011	Phones Dal	00	Ever	ly Funer	al Hom	e rfax, Va.	220.	20		
	23. PART I. Enter the disease or co	mplications that coused	the death. Do no	ot enter the me	ode of dying, suc	h as cerdiac	or reepiretory arre	22U,	Approximate		
	ahock, or heert failure. List only one cause on each line.								Interval Between Onset and Dasth		
	IMMEDIATE CAUSE (Final disease or condition	LEUK	EMT A						Onset sild Dasili		
	resulting in death) s.		CONSEQUENCE OF):					-		
-											
CERTIFICATION	Sequentially list conditions, it eny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF);							
CAT	cause. Enter UNDERLYING										
E	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):							
FR	resulting in deeth) LAST										
C	PART II. Other significant conditions	contribution to don't b	and most appropriate to	a Alan complete de la		D-41		T			
AL	PART II. Other significant conditions	continuum to death b	ut not resulting is	the Underlyin	g ceuse given in	Part 1. 24	PERFORMEO?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO		
Ö						1	XYES 2 NO		OMPLETION OF CAUSE OF DEATH?		
ME						_		1	□ NO 2 □ NO		
ä											
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL: OTHER:										
YSI	1 YES 2 X NO 1 Xinpatlant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify)										
H	1 Natural 5 Pending	28d. DESCRIBE HOW INJURY OCCUREO									
BY	2 Accident Investigation				YES 2 NO						
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
COMPLETED											
P		IAN: To the best of my knowl									
ON	one) 2 MEDICAL EXAMINER	On the beals of examination	n and/or Investigation	n, in my opinion,	death occured at the	tima, date and	f piece, and dua to the	ceuse(e)	end menner ea atated.		
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1 0		_	29c. LICENSE NUI	WBER	29d. OATE	SIGNED (Aorgth, Day, Year)		
00	William C. L	Jane	-,1	. D.	D-39	487	▶ 2	120	190		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type,	Print) NIAT			TCAL CENT	PPD			

LT, MC, USNOWALL GUILLE REASTRAR'S SIGNATURE

W. C. WASSELL,

31. DATE FILED (MOSTID. P1990)
FEB 22

NATIONAL NAVAL MEDICAL CENTER BETHESDA, MD 20814-5011

8-14-90 cm

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	-L. BRI	DW N			2. DATE OF OEATI		YEAR 2/15 M			
ron	4. SOCIAL SECURITY NUMBER 2 2 2 - 20 - 8653	5. SEX 6. AGE (II		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year ACC IS		BIRTHPLACE (State or Foreign Country)			
	98. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH BALTINGRE BALTINGRE										
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	γ	10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
ERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	109. CITIZEN OF WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	II yes, sp		IIC ORIGIN? (Specify n, Puerto Ricen, atc.		4. RACE — American Indian, Black, White, atc.			
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during mo		16b. KIND OF	BUSINESS/INOU	STRY			
COMPLET	17. FATHER'S NAME (First, Middle, Last)		CARPE	7370	18. MOTHER'S NA	ME (First, Middle, Ma	den Sumame)				
BE C	STIWART	R. BROW			MAG	VIE F	cloni	×			
2	19s. INFORMANT'S NAME (Type/Print)	aros	196. MAILING A	DDRESS (Street a	AS AS	Poute Number, City or	Town, State, Zip C	ode)			
	20a. METHOO OF DISPOSITION 1 □ Burial 2 Cremation 3 □ Ran 4 □ Donation 5 □ Other (Specify)	noval Irom Stata	PLACE OF OISPOSIT	TON (Name of	, cremetory or	200	LOCATION - CI	ty or Town, State			
	21. SET FUNERAL SERVICE L	NEVIO A		22. NAME AI EVA B33	ND ADDRESS OF FA	ROAD -	CHIME	3			
	23. PART I. Enter the diseases, or		the death. Do no	t enter the mo	de of dying, auc	h as cardiac or r	espiratory arre	Interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) 8. BRAIN STEM CVA O'MA										
LION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially ilst conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in deeth) LAST										
	PART II. Other significent condition	ns contributing to deeth b	ut not resulting in	the underlyin	g ceuse given in		S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
PHYSICIAN: MEDICAL	COLON CA	DM;	HO NI				s Zeno	COMPLETION OF CAUSE OF DEATH?			
IAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
IYSIC	EXAMINER? 1 YES NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Outp			ne 5 🗆 Rasidenca	8 Other (Specify					
BY PH	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	RY WO	YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCURED					
ED	3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28l. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLET	(Check only	SICIAN: To the best of my know				, ,		d. cause(s) and manner as stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	ER LW			29c. LICENSE NU	MBER 7333	29d. DATE SIGNED (Month, Dey, Year)				
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type, I	Print) AN	PULL	7333 TIWN	MDZ	21133			
	31. DFEB 22 990	July Davidson Par	ATURE			1000/4					

filled in by the funeral director, page 5 should be detached for use as TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once. DIVISION OF VITAL RECORDS, P.O., BOX 13146,

BALTIMORE, MARYLAND 21203-319

urs after death. Page 6 may be retained by the hospital or attend

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

216-24-8542

Joseph

9e. FACILITY NAME (If not institution, give street and number)

5. SEX

1 💢 M 2 🗌 F

3. TIME OF DEATH

3:45 P.

DHMH-16 Rav 1/89

8. BIRTHPLACE (State or Foreign New Jersey

90

9c. COUNTY OF DEATH

2. DATE OF DEATH DAY 2 15

7. DATE OF BIRTH (Month, Day, Year) 04-03-30

be retained by the hospital or attending physician. BALTMORE, MARYLAND 21203-3146 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR: After this certificate has been sinned by the attendion characters and communicate the communicate that the statement of the communicate that the statement of the communicate that t DIVISION OF VITAL RECORDS, P.O. BOX 13146,

P	1840 W. Pratt Street 21223 Baltimore									
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	10c. CIT	10c. CITY, TOWN OR LOCATION					10	d. INSIDE CITY
	Maryland		E	alti	more				11	LIMITS? XYES 2 NO
FUNERAL	100. STREET AND NUMBER	7.1			101. ZIP CODE					T COUNTRY?
N N	1840 W. Pratt				21223				SA	
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR		If y	S DECENDENT OF HISPA es, specify Cuben, Mexico YES 2 XNO Specifi	en, Puerto I		or No— 14.	Black, W Specify:	American Indien, hite, atc.
	15. DECEDENT'S EDUC (Specify only highest grade		18e. DECEDENT'S (Give kind of	USUAL OCCI	JPATION ing most of working	16b	. KIND OF BUS	SINESS/INDUST	FRY	
COMPLET	Elamentery/Secondery (0-12) 12th	College (1-4 or 5+)					Merc	hant 1	Mar:	ines
Ŏ.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		Middle, Maiden	Surneme)		
BE	Joseph Edwa	rd Bowling			Harri					
2	Janet C. Bowling 19th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8337 E. Mindale Circle, Baltimo:									
	20e. METHOD OF DISPOSITION 1	oval from State	Metro C	rema	of cometery, cremetory or tory, Inc			cation — city ltimo:		
	George E.	- , , , , ,	H	22. NA C	ME AND ACCRESS OF FA remation altimore,	Soc:	iety	of Ma	ryl:	and
CERTIFICATION	Sequentielly list conditions, if eny, laeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	Clerotic (A consequence of A consequenc	F): F):	vascular D	isea	se			
-	PART II. Other algoliticent condition				rlying cause given in	Pert I.	24s. WAS AN PERFOR			ERE AUTOPSY FINDIN
MEDICAL	Chronic Obstru	active Pulmo	onary Dise	Disease				1 ☐ YES 2 NO OF		OMPLETION OF CAUSE F DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C)	heck only or	~			
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/O	stpatient 3 DOA	OTHER:	g Home 5 X Rasidence	6 🗆 Othe	r (Specify)			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJUR (Month, Day, Year	Y 26b. TIN	JURY	Bc. INJURY AT WORK?	26d. DE	SCRIBE HOW I	NJURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, pecify)	street, factory	r, office		CATION (Street of Town, State)	and Number or	Rural Roul	e Number,
COMPLETED		CIAN: To the best of my known							euse(e) er	nd manner ee stated
BE	29b_9/GNATURE AND TITLE OF CERTIFIED	Teet !!	mp		29¢. LICENSE NU				1GNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	etti, M.D.	DEATH (ITEM 27) (Type		Penn St.,	Balt	Mo	d. 21:	201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	SNATURE							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Bowling,

DAYS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

Jr.

Edward

8. AGE (In yrs. lest birthday)

59

21223

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death pertificate be executed within 2. Are after death. Page 6 may be retained by the instance of the physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the articular physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degr. of Heath and A ratal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 OFFICENTIC NAME (First Middle Local)					DEATH	REG. NO			
1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEATH			3. TIME OF DEATH
VERNON	ADAM BECK					монтн 2 1	O S	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. lest t		DER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
215-16-9255	1 ☑ M 2 ☐ F	73	YRS. MONT	HS DAYS	HOURS MIN.	(Month, Day, Year)	16	Countr BA	LTO., MD.
9e. FACILITY NAME (If not institution, give	street and number)		.9b. (CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUR	NTY OF D	
115 HILTON AVE.	•			CATONS	VILLE		BAI	LTIM	ORE
10a. STATE 10b. COUNT	ry		10c. CITY, TOV	VN OR LOCA	TION				10d. INSIDE CITY
MD. BALTI	IMORE		CATO	NSVII	LE				1 YES 2 NO
10e. STREET AND NUMBER					. ZIP COOE		10g. CITI	ZEN OF W	VHAT COUNTRY?
115 HILTON AVE.					21228		Т	J.S.	Δ
11. MARITAL STATUS		EVER IN U.S. ARM			ENDENT OF HISPAI	NIC ORIGIN? (Specify Y			- American Indian, k, White, etc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	PYES 2 NO AR OR DATES to 1945			ecify Cuben, Mexica 2 P NO Specif	in, Puerto Ricen, etc.) y:		Speci	
15. DECEOENT'S ED	UCATION	16a. DECI	EDENT'S USUA	L OCCUPATI	ON	16b. KIND OF BI	USINESS/IND		2.23
(Specify only highest gred Elementary/Secondary (0-12)	College (1-4 or 5+) Iffo. E	e kind of work d Do NOT use retin GINEER	one during mo ed.)	st of working				
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)		
LAWRENCE L BECK						EVELYN LY		YLO	R
19a. INFORMANT'S NAME (Type/Print)		19h	MAILING ADD	RESS (Street	77 20111 20	Route Number, City or To			
MARY BECK (spou	ise)					timore, M		1228	
20a. METHOD OF DISPOSITION					metery, crematory or				01.4
1 Burlel 2 Cremation 3 Ref	moval from State	other place	e)	(Name or Se	netery, cremetory or	20c. L	OCATION	City or 10	wn, State
21. SIGNATURE OF FUNDRAL SERVICE L	ICENSEE 4		0	22 NAME A	ND ADDRESS OF FA	CHITY			
()	116/11	2.21	-90	Za. IVAME A	ND ADDRESS OF TA	ROLLIT			
/ Jun Well	111/11111			STAT	E ANATOM	IY BOARD,	BALTO.	. , MI	D. 21201
disease or condition	. 7 50%	Mura	Ion	20	nes	6			Onset and Da
Sequentially list conditions, if sny, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEOL	JENCE OF):	20	of t	the I	hu.	7	Onset and Da
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEOL	JENCE OF):	e underlyin	at t	Part I. 24a, WAS A PERFO	IN AUTOPSY DRIMEO?	24b	Onset and Da Were Autopsy Findin Mailable Prior To Completion of Caus OF Death? 1 Yes 2 No
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEOL	JENCE OF): JENCE OF): JUNE OF DESCRIPTION OF THE PROPERTY OF	26. P	g couse given in	1 TYES	ORMED?	24b	WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	at	the	g	4
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_	THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely timed in by ***	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remain	announce to them 20 to marked on them 23 chance any injury or other fraumatic event. The median
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	FOR STATE REGISTRAR		STATE OF N			RTMENT				MENTAL HYG REG.				
	1. DECEDENT'S NAME (First,		10520	4						2. DATE OF DEAT	H DAY	OYEAR)	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		S. SEX	6. AGE (In yrs. les	birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Yes	r)	8, BIRT	HPLACE (State or Foreign	
	214-01-1	884	1 M 2 F	7 k	YRS.	MONTHS	DAYS	HOURS	MIN.	4 11	13		MD.	
SR	Mason F.	Lord	eet and number) ,	e Hospit	id	Bal	HII	m LOCATION (ON OF DE	EATH	90.0	COUNTY OF	more City	
DIRECTOR	RESIDENCE OF DEC	10b, COUNTY		10c CIT	Y, TOWN O	B LOCAT	ION					10d. INSIDE CITY		
E I	MD			— F			140						LIMITS?	
	100. STREET AND NUMBER 7285, ANN ST.					Nuc 1	-	ZIP COD	E		10g.	CITIZEN OF	WHAT COUNTRY?	
ER/								21:	731			11:	,5.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Vi Widowed 4 Divo		FORCES?	NT EVER IN U.S. AR	MED IO	H	yes, sp			NIC ORIGIN? (Specifion, Puerto Rican, ato y:		Yes or No— 14. RACE — American Indian, Bleck, White, etc. Specify:		
ED		EDENT'S EDUC		18e. DE	CEDENT'S	USUAL OC	CUPATIO	ON	_	18b. KIND O	BUSINESS	S/INDUSTRY	MILE	
	(Specify oni	y highest grade (0-12)	College (1-4 or 5	+) life.	Do NOT u	work done dise retired.)				4400	-	,		
MPL	8		0	MA	CHI	VE O	PE	· -					v.Ce.	
COMI	17. FATHER'S NAME (First, M		Kowsk							WE (First, Middle, M		-	EN	
BE	19a, INFORMANT'S NAME		Now 3/1		b. MAILING	G ADDRESS	(Street a	_		Route Number, City of			. 6 10	
2	LOUIS MAL	IKALUS	eki	7	28	SAN	w	57	· A	0270.1	270.	212	37	
1	20e METHOD OF DISPOSIT 1 Denial 2 Crematic	ION on 3 - Remo		20b. PLACE other pl	OF DISPO	SITION (Ne	me of ce	metery, crer	netory or	20		N — City or 1		
/	21. SIGNATURE OF FUNERA	L SERYICE LIC		- 13/13	<u> </u>	22.1	NAME A	ND ADDRE	SS OF FA	ERY V	7/Y L	10.0	1.6	
4	1 Cayma	da.	Weher	Clary		7.	ES	RGE S.A.	A.L	ST. BK	150A	MD	21231	
Ð	23. PART I. Entar the d shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	eart fallure, l	List only one ca	at caused the deuse on each line	l.						reapiretor	y arrest,	Approximate interval Between Onset and Death	
Z			Me4	monia										
ATIO	Sequentially list condi- if any, leading to imme cause. Enter UNDERLY	diate	mult	O (OR AS A CONSE		of:	50	ros						
CERTIFICATION	CAUSE (Disease or injute that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	The second second	-								
CER	Todaling III duditi) and		d										1	
MEDICAL	PART II. Other signific. HTW, Do Wikimik	mention Det		ential					given in	PE	AS AN AUTO		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
IAN	25. WAS CASE REFERRED	TO MEDICAL					28. P	LACE OF I	DEATH (C	heck only one)				
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient :	DOA	4 W Nur	Pr: sing Hor	ne 5 🗆 R	asidenca	8 Other (Specif	()			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5	Pending Investigation	28e. DATE O (Month,	Dey, Year)	28b. TI	ME OF JURY M	W	JURY AT ORK? YES 2	_ NO	28d. DEŞCRIBE I	IOW INJUR	Y OCCURED		
ETED BY	2 Accident 3 Suicide 8	OF INJURY — At he	ome, farm	, street, fact	tory, offi	Ce		281. LOCATION (umber or Rura	l Route Number,			
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the ceuse(s) and menner es atsted. (Check only one) MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the ceuse(s) and menner estated.									o(s) end manner as stated.					
	296. SIGNATURE AND TITL	E OF CENTIFIER	1	1.				29c. LIC	ENSE NU	JMBER	29d	. DATE SIGNE	(Month, Day, Mear)	
BE (1	nn	can	elle				D	24	334	•	2	120/90	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1 00016 7 010000000000000000000000000000									21224					

32. REGISTRAR'S SIGNATURE
Julia Davidson-Kandase

DHMH-18 Rav 1/89

1 - FOR STATE REGISTRAR

1	1. DECEDENT'S NAME (First, Middle,	Lest)							2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH
	Mae Cora								February 19, 1990			2:40 A
	4. SOCIAL SECURITY NUMBER 212 05 1865	5. SEX	8. AGE (In yrs. I	last birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7, DATE OF BIRTH	909	Country)	yland
	9a. FACILITY NAME (If not institution, Franklin Sq.				-		or LOCATI				altimo	re Co.
	RESIDENCE OF DECEDEN	OUNTY		10c. CI1	Y, TOWN O	R LOCA	TION		Zr Daiciii			d. INSIDE CITY
	Maryland 10a. STREET AND NUMBER	Baltimore			N		H. ZIP COO	E	illage 10g. CITIZEN OF V			YES 2 NO
	9215 Notti	NT EVER IN U.S. A	ADMED	12.5	AS DE		237	NIC ORIGIN? (Specify	Yea or No	USA	American Indian,	
BY FUNER	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	1 YES 2 X		- 1	yes, sp		n, Maxic	nn, Puarto Rican, atc.)	124 01 110	Black, W Specify:	White
PLEIED	15. DECEDENT' (Specify only highes Elementary/Secondary (0-12)	S EDUCATION I grade completed) College (1-4 or 5		OECEDENT'S (Give kind of We. Do NOT L HOU	work done o	uring m		ing	16b. KIND OF I	Home	DUSTRY	
T COMIT	17. FATHER'S NAME (First, Middle, La Peter Sam						18. MOT		ME (First, Middle, Maid		in	
2	19a. INFORMANT'S NAME (Type/Print Eileen Sfaki:								Route Number, City or			7
	20 METHOD OF DISPOSITION 1 Burial 2 Cremation 3 C 4 Donation 5 Other (Specify		other	Loudo							city or Town,	
	21 SIGNATURE OF FUNERAL SERV	/	ski'	Bruzdzinski funeral Home PA 1407 Old Eastern Ave. Balto., Md.								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying couse given in Pert I. Hypertension, Renal Failure, Peripheral Vascular Disease 1 Tyes X No										ERE AUTOPSY FINOING MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO	HØSPITAL:	☐ ER/Outpatient	3 🗆 00A	OTHER 4 Nun	l:			6 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investig	28a. DATE ((Month,		28b. Til		28c. IN	JURY AT	NO NO	28d. DESCRIBE HO	W INJURY O	CCURED	
ETED B	3 Suicida 8 Could of detarming	tot be buildin	OF INJURY — At g, atc. (Specify)	home, farm,	street, fact	ory, offi	ica		281. LOCATION (Stre City or Town, St	et and Numbe ete)	er or Rural Rou	te Number,
COMPLE	cond only	PHYSICIAN: To the best of										nd manner as stated
O'BE C	29b. SIGNATURE AND TITLE OF CE	z C. M	u	4	nD		29c, LIC	CENSE NU	MBER	29d. DA		9/90
	30. NAME AND ADDRESS OF PERS Timothy C 31. DATE FILED (Manufacture) 20 1990 FEB 22 1990	. Murray.	M.D.	//		00	Fran	klin	Sq. Dr.	Balt	o. Md	21237

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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CTOR: After thi	after death with the State De	1.28 is marked, or item 23 shows any injury, or other traumatic event, the m

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND	MENTAL HYGIENE		
1111	1. DECEDENT'S NAME (First, Middle, Lest)	L. EARL				2. DATE OF DEATH MONTH DAY		1.601
1	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH		ATHPLACE (State or Foreign
3		+ D(11 0 D E	YRS.		AYS HOURS MIN.	(Month, Day, Year)	Co	untry) ICHIGAN
	380-16-1266 9a. FACILITY NAME (If not institution, give st	- 68	1110.			4/20/21		
2	Calvert Memor		al		nce Fred		9c. COUNTY O	lvert
5	10a, STATE 10b, COUNTY			Y, TOWN OR I	OCATION			10d, INSIDE CITY
	VT			WPORT				LIMITS?
	10e. STREET AND NUMBER		INE	WFORT	10f. ZIP CODE		100 CITIZEN O	1 YES 2 NO
EHA					05855		iog. Grizzar o	WHAI COUNTRY!
2	6 TEMPLE ST.	12. WAS DECEDENT EVER II	ULIC ADMED	T 40 110			U.S.	
BILL	1 Never Married 2 X Married 3 Widowed 4 Olvorced	FORCES? (X) YES	2 NO	If y	es, specify Cuban, Mexica YES 2 A NO Specif		B S _i	ACE — American Indian, lack, Whita, atc. pecify: VHITE
3	15. DECEOENT'S EDUC (Specify only highest grade		16a. DECEOENT'S	USUAL OCCU	IPATION	16b. KIND OF BUS	NESS/INOUSTR	Υ
u l	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	te retired.)	ng most of working			
1			PURCHAS	ING A	GENT	INDUST	RIAL	
5	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	ME (First, Middle, Maiden S	Surname)	
ונ	ARCHIBALD CAMPBE	LL			AGNES	BEAUCHAMP		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	treet and Number or Rural	Route Number, City or Town	, State, Zip Code;	
-	PHYLLIS CAMPBELL	(spouse)	6 Ten	ple S	t., Newpor	t, VT. 058	55	
	20e. METHOD OF DISPOSITION t	oval from State			of cemetery, crematory or		ATION — City of	7 Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- 0	22. NA	ME AND ADDRESS OF FA	CILITY		
	Annilla !	11/201	21.9	2		MY BAORD, E	BALTO.,	MD. 21201
	23. PART I. Enter the diseases, or o	1 exmue						Approximate
	ehock, or heart feilure.	List only one cause on e	consequence of	-1		I Hene		Interval Between Onset end Deeth
N C	Sequentially liet conditione, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	0 CC	?			
311	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	DUE TO (OR AS A	A CONSEQUENCE O	F):				
	resulting in death) LAST	d						
	PART II. Other significant condition	s contributing to death it	out not resulting	in the unde	riving cause given in	Part I. 24s. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS
WEDICA	Acurs	MARKER	and the same of th	. /	RAMAGE	PERFOR	/	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Y X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PLACE OF DEATH (C	neck only one)		
2	1 YES 2 -NO	HOSPITAL:	petiant 3 DOA	OTHER:	g Home 5 - Residence	8 Other (Specify)		
PHISICIAN	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Dey, Year)	28b, TIN	IE OF 20	IC. INJURY AT WORK?	28d. OESCRIBE HOW IN	JURY OCCURED)
ובח מז	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, cffy)	street, factor)	r, office	281. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,
COMPLEIED	01	CIAN: To the best of my know						se(a) and manner as stated.
0 00	29b. SIGNATURE AND TITLE OF CERTIFIER	DMO			29c. LICENSE NU	MBER 3		NED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WH				ederick,	Marvland		
	31. DATE FILEO (Month, Day, Year) FFB 22 1990	32. REGISTRAR'S SIGN fur Davidion-1:	VATURE	(Justicki	ar j zana		
	LED MA 1000 V							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the forest director, page 5 should be detached for use as the first of the funeral director, page 5 should be detached for use as the first within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	GUSIMANO			2. DATE OF DEATH	2 95	3. TIME OF DEATH 1035 P M			
	4. SOCIAL SECURITY NUMBER 2. 6-10-1633 9e. FACILITY NAME (If not institution, give s	5. SEX 6. AGE (In yrs. lest	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	10 8	HRTHPLACE (State or Foreign out)			
DIRECTOR	DULANRY TOWS	ON NSG-CENTS	er water	TOWN OR LOCATION OF D	EATH	9c. COUNTY	LTIMORE CO			
100	10e. STATE 10b. COUNTY	GORD CO.	10c. CITY, TOWN	STON			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
HERAL	3323 CHA	PRLES ST,		101. ZIP CODE 2104	77	M. CITIZEN	of what country?			
BY PB	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED 13.	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 10 Specifi YES 2 10 Specifi	en, Puerto Ricen, etc.)	- 1	RACE — American Indian, Bleck, White, etc. Specify:			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)	completed) (G/	CEDENT'S USUAL Cove kind of work done Do NOT use retired.)	during most of working	18b. KIND OF BU	SINESS/INDUST	RY			
ш	17. FATHER'S NAME (First, Middle, Last)	F. CUSIMAN	0	18. MOTHER'S NA	AME (First, Middle, Maiden TOUA	Surname)	ODEN			
TO B	190. INFORMANT'S NAME (Type/Print)	ECORISS 196	SAMO	S (Street and Number or Rural	Route Number, City or Toy	M, State, Zip Cod	9)			
	20e. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State 20b. PLACE other old	OF DISPOSITION (N	ame of cemetery, crematory or OF FAITH	1 CEM 200, LC	COSEL	OALE MD.			
	21. EXCHATURE OF FUNERAL SERVICE LIC	L. Gair	22.	NAME AND ADDRESS OF FA	HAPEL ARFORD	OF M	EMORIES 21234-4196			
	22. PART / Enter the disease in a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	complications that coused the de List only one capte on each line ALAMAS	eth. Do not ente	r the mode of dying, aud	ch as cardlec or resp	iretory arrest,	Approximete Interval Between Onset end Deeth			
z										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERT	resulting in deeth) LAST	d								
MEDICAL	PART II. Other aigniticant condition	ns contributing to death but not n	esulting in the u	nderlying cause given in	Part i. 24e. WAS AP PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
M: M							1 TYES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHE OTHE		10 _ 10 10 10 10 10 10 10 10 10 10 10 10 10					
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED			
ED	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, atreet, fac	ctory, office	281, LOCATION (Street City or Town, State	and Number or R	tural Route Number,			
COMPLET	anal and	ICIAN: To the best of my knowledge, de ER: On the basis of examination end/or i					use(e) end manner ee stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	am M		29c NICENSE NU	MBER 53	29d. OATE SIG	GNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WH 31. DATE FILED (Month, Day, Year)	O COMPLETED CAUSE OF DEATH (ITE) 32. REGISTRAR'S SIGNATURE	M 27) (Type, Print)							

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I Piges 1, 2, 3 should

	STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		(CERTIF	ICATE OF	DEATH	REG. NO	0.	3.1	TIME OF DEATH				
- 10	Declema	CRO	owde	eR			MONTH	3 9	YEAR 70	10 00				
I	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			CE (State or Foreign				
	230-34-5088	1X M 2 F	61	YRS.	MONTHS DAYS	HOURS MIN.	August 1,	1928	Virg	inia				
	9a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH	1				
	Suburban Hosp	ital			Bet	hesda		Mont	gome	rytes				
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									I. INSIDE CITY				
		olumbia		Wa	ashingt	on			1)	YES 2 NO				
	10e. STREET AND NUMBER				1	of. ZIP CODE				COUNTRY?				
	1708 28th Str	eet, S.		ADMED	140,000	20020				d States				
	1 Naver Married 2 Married		YES 2		If yea, i	specify Cuben, Maxic	NIC ORIGIN? (Specify Young, Puerto Ricen, etc.)	as or No- 14	Black, Wi	ACE — American Indian, lack, White, etc.				
	3 Widowed 4 Divorced	IF TES, GIVE Y	BAR OR DATES		1 1 4	S 2 NO Speci	у.		Blac	k				
	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)		(Give kind of	Work done during i	TION nost of working	16b. KIND OF B	USINESS/INDUS	STRY					
	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5	+)	life. Do NOT u										
	17, FATHER'S NAME (First, Middle, Last)		Re	etired	Transc		Worker C		ment					
	Samuel Crow	der					gie (Unk							
1	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRESS (Stree		Route Number, City or To		ode)					
	Wanda Crowder			170	8 28th	Street	, S.E. W	Wash.	D.C.					
1	20a. METHOD OF DISPOSITION	and the State	20b. PLA			emetery, crematory or		OCATION — CI						
	4 Donation 5 Other (Specify)	novar nom stata			Memor	ial Cem	etery Su	itlan	d. M	ID.				
1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE 91	1		22. NAME	AND ADDRESS OF F	neral Ho							
	Luchan .	Stem	ant.	П			g Road,		Wash	D.C.				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease by condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
	PART II. Other significant condition	na contributing to	death but he	ot resulting	In the underly	ng swisse given in		DRMED?	AM COI	PE AUTOPST FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?				
	- 49	lebet	0/	199	Roger	Jey-	-		1310	YES 2 NO				
	25. WAS CASE REFERENCE TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C	hack only unail		180					
	1 TYES 2 TYPIO	1 1 Inpatient 2			4 - Nursing H		6 Other (Specify)		-E					
- 8	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		Day, Year)		M 1	NJURY AT YORK? YES 2 NO	26d. DESCRIBE HOW	V INJURY OCCU	JRED					
	2 Accident Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)													
	4 Homicide determined		29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.											
	4 Homicide determined 29e. CERTIFIER (Check only									d manner ea stated.				
	4 Homicide determined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHY ONE) 1 CERTIFYING PHY ONE	ER: On the beats of e	memination and	for investigat	my opinion		a time, date and place,	and due to the	cause(a) en	d manner ea stated.				
	4 Homicide determined 29e. CERTIFIER (Check only one)	ER: On the beats of e	memination and	TEM 27) (Typ	my opinion	, death occured at 1h	a time, date and place,	and due to the	cause(a) en					

TIL CONTRACT CONTRACT

BALTIMORE, MARYLAND 21203-3146

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of within	ompletel 1, crema	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the
execute	and ci	matic
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the dea	the att	injury,
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely fill be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation

1 - STATE REGISTA	RAR	STATE OF MA					EALTH ANDEATH		TAL HYGIEN REG. NO			
	iel G. Ce	llucci,	Je.					M	eb. 17		AR	TIME OF DEATH
	3-9658 A		AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24)	MRS. 7. D.	ATE OF BIRTH Month, Day, Year) Y 23,		Country)	to.Md.
	AME (If not Institution, give : 3 Sinclai		21206				ore,			9c. COUNTY	OF DEAT	Н
494 RESIDENC 100. STATE Md.	E OF DECEDENT 10b. COUNT	Υ			*	OR LOCATION MOTE						d. INSIDE CITY LIMITS? XYES 2 NO
10e. STREET A	NO NUMBER Eastbury	Ave					ZIP CODE			10g. CITIZEN		T COUNTRY?
		VER IN U.S. AR YES 2 1 I OR DATES	J.S. ARMED 13. WAS DECENDENT OF HISPANIC O 1 If yes, specify Cuben, Mexicen, Pu						e or No- 14.	RACE -	American Indien, hite, atc.	
Elementary	15. DECEDENT'S EDI (Specify only highest grad (Secondary (0-12)	(G life	100. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Retired—Electrica.					of working lab. KIND OF BUSINESS/INDUSTRY				
17. FATHER'S N	IAME (First, Middle, Last)						16. MOTHER	R'S NAME (F	irst, Middle, Maider			
De	onato Cel	lucci							ia Pres			
190. INFORMA	NT'S NAME (Type/Print) Cellucci								Number, City or Tox			21206
20a. METHOD Burlal 2	OF DISPOSITION Cremation 3 Rer S Other (Specify)	noval from State		OF DISPOS	SITION (N	ame of cen	etery, cremato	ory or	20c. L0	OCATION — City	or Town,	Stata
	E OF FUNERAL SERVICE L	Renneus	barr.	LSOII	22. J	NAME AN	ph N	of facility		Tune ra	1 H	aryland ome
		a. Settle	on each line	any ar	tey.				STurons	piratory srrast	,	Approximata interval Batwee Onset end Dast
if any, laadi cause. Enta CAUSE (Dis that initiate	y list conditione, ng to immediata r UNDERLYING ease or injury d eventa dasth) LAST	C	R AS A CONSE							p-		
	har significent condition	ons contributing to d	eath but not	resulting	In the u	ndariying	g cause giv	ren in Part		RMED?	A) C)	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
26 WAS CASE	REFERRED TO MEDICAL	1				00 81	ACE OF DEA	TH /Ohack a	-1	15		
EXAMINEI	P7 \/	HOSPITAL:	FR/Outnatient	3 🗆 DOA	OTHE	R:	~		Other (Specify)			
	OF DEATH	26e. DATE OF III (Month, Day	JURY	28b. TIM		28c. INJ	URY AT	260	I. DESCRIBE HOW	INJURY OCCUP	RED	
2 Accid 3 Suick 4 Homi	de e Could not be	28e. PLACE OF		ome, ferm,	street, fac	ctory, offic		261	LOCATION (Stree City or Town, State		Rural Rou	te Number,
29e. CERTIFIE (Check on one)	y 1 CERTIFYING PHY	SICIAN: To the best of m										nd menner es stated.
and more	Dans W.	ER					29c. LICEN	SE NUMBER	1	29d. DATE S	IGNED (A	fonth, Day, Year)
30. NAME AND	J. Oshid W					3/vd;	В	Himu	Mg.	21239		
31. DATE FUE	9-(Morry Any Hart)	82. REGISTRAR	'S SIGNATURE	000								

n experimental properties or attending physician.	The burial-transit permit, Pages 1, 2, 3 should)	, the medical examiner must be notified at once.
PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	VT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami

REGISTRAR 1. DECEDENT'S NAME (First	t, Middle, Last)			CERTIF	ICATE	OF	DEA	In	2. DATE	REG. NO).		3. TIME OF DEATH	
		HAZEL	MAY C	OMAN					FE		1990	YEAR	12:00	
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (in yrs	, last birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH	1 8.		BIRTHPLACE (State or Foreign Country)	
215-50-456	_	1 M 2 XF	8:	3 YRS.	MONTHS	DAYS	HOURS	MIN.		T 23	1906	000	AUSTRALIA	
9a. FACILITY NAME (# not i					9b. CITY	, TOWN C	OR LOCATI	ON OF DE	ATH		9c. COU	INTY OF	DEATH	
NATIONA RESIDENCE OF DE		L MEDICA	L CENT	ER	ER BETHESDA MO							MON	NTGOMERY	
10a. STATE	10b. COUNT	Y		10c. CI1	TY, TOWN C	OR LOCAT	TION						10d. INSIDE CITY	
MARYLAND	M	ONTGOMER	Y		C	HEVY	CHA	SE			I WES 2 X NO			
10e. STREET AND NUMBER	3			101. ZIP CODE				10g. CITIZEN			OF WHAT COUNTRY?			
4701 W	ILLARD	AVE., A	PT 110	9				2081	5		A	USTI	RALIA	
11. MARITAL STATUS 1 Naver Married 2	T EVER IN U.S	ARMED						N? (Specify Ye Rican, atc.)	s or No-	14. RAG	CE - American Indian, ck, White, etc.			
3 X Widowed 4 Div	MAR OR DATES				2 X NO			,		Spe	WHITE			
16. DE	16a	16a. DECEDENT'S USUAL OCCUPATION				168	. KIND OF BL	ISINESS/INI	DUSTRY	WILLE				
(Specify or Elementary/Secondary	nly highest grade		(Give kind of work done during most of working life. Do NOT use retired.)						0111200/111	5001111				
12		College (1-4 or 5		Н	OUSE	WIFE				Own H	ome			
17. FATHER'S NAME (First,	Middle, Last)					= 1	16. MOT	HER'S NA	ME (First,	Middle, Malder	Sumame)			
PERC						HELE	N DONG	GHUE						
19a, INFORMANT'S NAME	(Type/Print)									ber, City or Tox		,		
SUSAN MOOR									LE, MIDDLETOWN, CI				06457	
20a. METHOD OF DISPOSI 1 D Burlal 2 Decrement	lon 3 🗆 Rem	oval from Stata	20b. PL/ othe	CE OF DISPO	SITION (Na	ime of cer	netery, cres	matory or		20c. L	OCATION —	City or	Town, State	
4 Donation 5 Other			Met	ropol	itar	C	ema	tory	y	Al	exan	dri	a, Virgi	
21. SIGNATURE OF FUNER														
· (1/	AL SERVICE LIC	CENSEE			II	res-		rson	a Fu	inera.	l Ho			
23. PART I. Enter the shoot, of	diseased, or cheert fellure.	ito	at ceused the	deeth. Do	28	7es- 347	Pea	rsor son	n Fu Blv	d.,A	l Ho	gto	Approximate Interval Betw	
shock, of	tions, ediete	complications the List only one can DUE TO DUE TO C.	at coused the use on each EPSIS O (OR AS A COR	ISEQUENCE (2 8 not enter	7es- 347	Pea	rsor son	n Fu Blv	d.,A	l Ho	gto	Approximate Interval Betw	
Sequentially list condition resulting in death) LA:	diseases, or one or fellure.	a. S: DUE TO C. DUE TO d	EPSIS O (OR AS A COM O (OR AS A COM O (OR AS A COM	ISEQUENCE (2 E not enter	7es = 347 the mo	Pea Wil de of dy	rson son lng, suc	a Fu Blv has car	rd.,A	l Ho: rlin	gto rest,	Approximate interval Betwoen Onset and D	
MMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi if any, leading to immoneuse. Enter UNDERLY CAUSE (Disease or inj that initiated events	diseases, or one or fellure.	a. S: DUE TO C. DUE TO d	EPSIS O (OR AS A COM O (OR AS A COM O (OR AS A COM	ISEQUENCE (2 E not enter	7es = 347 the mo	Pea Wil de of dy	rson son lng, suc	a Fu Blv has car	rd., A. disc or resp	L Ho: rlin rlin rlin rautopsy rmed?	gto rest,		
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Shooti, of IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Lawrents resulting in death)	tions, ediete filiure. In al tions, ediete fi	DUE TO EPSIS O (OR AS A CON O (OR A	SEQUENCE CONSEQUENCE CONSEQUEN	OF): OF): OF): OTHER 4 Nur ME OF JURY M street, fact	Tes = 347 the mo	Pea Wil de of dy Grause Grause Cace Of Cace The 5 Report ATT SHK7 THE CACE OF Cace The second ATT SHK7 The cace of Cace o	TSON SON Ing, sue	Part i. Part i. eck only of to the cast time, det	24e. WAS AI PERFO 1 YES CATION (Street or Town, State or Town, S	N AUTOPSY RMED? 2X NO INJURY OC and Number)	gto Test,	Approximate Interval Betw Onset and D		

JARYLAND 21203-3146

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29b. SIGNATURE AND TITLE OF CERTIFIER

Jelfren

ME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S CIGNATURE S

3)6

REGISTRAR I. DECEDENT'S NAME (First, Middle, Leat) II. SOCIAL SECURITY NUMBER	P	01.1	CERTIF					_	REG. NO					
SOCIAL SECURITY NUMBER		1	NO					MONT	OF DEATH	YEAR	3. TIME OF DEATH			
The state of the s	5. SEX	6. AGE (In yrs	last birthday)	IF UNDER	DAYS	IF UNDE	R 24 HRS.	(Monti	of BIRTH h, Day, Year)	7 -	8. BIRTHPLACE (State or Fore Country) W. VIRGINIA			
Pa. FACILITY NAME (If not institution, give street	et and number)	04		9b, CITY	r, town o	OR LOCAT	ION OF DI		12/20	9c. COU		OF DEATH		21
FREDERICK MEMORIA	L HOSPI	TAL		FR	EDEF	RICK				FR	EDEF	RICK		
RESIDENCE OF DECEDENT 108. STATE MD. FREDE	RICK			OXVI		ION						L	NSIDE CIT	
3508 PETERSVILLE	RD.				101	2175				100	ZEN OF	WHAT C	OUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V	YES 2 WAR OR DATES	NO		If yes, sp	ecify Cub		nn, Puerto	1? (Specify Ye Rican, etc.)		14. RACI Blac Spec	E — Am k, While	erican Ind	lian,
15. DECEDENT'S EDUCA (Specify only highest grade co	TION	16a	. DECEDENT'S (Give kind of life. Do NOT u	work done	during mo	ON at of work	ing		NIND OF BU		USTRY			C C
17. FATHER'S NAME (First, Middle, Lest) DAVID SMITH CHILD	S								Middle, Meider			T		
19a. INFORMANT'S NAME (Type/Print)									ber, City or Tox					
M. ELAINE CHILDS (wife)		3508	PETE	RSVI	LLE	RD.	, KNC	XVILL	E, MD	. 2	175	8	
20a. METHOD OF DISPOSITION 1			ACE OF DISPO or place)			***			20c. L0	DCATION —	City or To	own, Str	rte	
21. SIGNATURE OF FUNE ALL SERVICE LICEN	Wall	2.	21.2	0 22.			NATON		OARD,	BALTO	., N	ID.	2120	1
23. PART J. Enter the diecese, pr co- ehock, pr heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition recuiting in deeth)	st DNIy Dne ce		line.	lde				ASE		piratory err	rest,		Approxin Intervel I Onset ar	Betwee
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CO	NSEOUENCE (OF):										
CAUSE (Disease or injury that initiated evente recuiting in deeth) LAST	DUE TO	(OR AS A CO	NSEOUENCE (OF):										
PART II. Other significent conditions	contributing to	death but r	ot resulting	in the u	nderlyin	g ceuee	given in	Part I.	24a. WAS A PERFO	RMED?	24	COMP DF DE	AUTOPSY ABLE PRIO LETION DE EATH? YES 2	F CAUSE
25. WAS CASE REFERRED TO MEDICAL					26. P	LACE DF	DEATH (C	heck only o	ne)					
EXAMINER?	HOSPITAL:	☐ ER/Outpatia	nt 3 🗆 DOA	4 Nu		ne 5 🗆 1	Residence	8 🗆 Oth	er (Specify)					
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	26b. Til	ME OF IJURY M	W	JURY AT DRK? YES 2	□ NO	28d. DE	SCRIBE HOW	INJURY OC	CURED			
2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						Route A	lumber,							

29c. LICENSE NUMBER

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

3.2.45670

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within — fours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

22 1990

32. REGISTRAR'S SIGNATURE

1 - STATE REGISTRAR	STATE OF	MARYLAND /	DEPAR					MENTAL	HYGIEN REG. NO.			
1. DECEDENT'S NAME (First, Mid								2. DATE O	F DEATH DA	AY	YEAR	3. TIME OF DEATH 8:28 A
EVA DAVI 4. SOCIAL SECURITY NUMBER 246-46-2156	5. SEX	6. AGE (In yrs, Ia	st birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN,	7. DATE OF	JARY F BIRTH Day, Yoar) 3 - 09	10,	Countr	PLACE (State or Foreign
99. FACILITY NAME (If not institute MARYLAND GET	NERAL HOSPIT	AL		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY						ЕАТН		
RESIDENCE OF DECED 100. STATE 100	a. COUNTY			Y, TOWN OR LOCATION BALTIMORE CITY								10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 2793 TIVOLS	AVENUE					101. ZIP CODE 21218				10g. CITI	US	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	ried FORCES?	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 21740 IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Mexicen, t 1 YES M NO Specify:				or No-	Black	American Indian, white, stc.
15. DECEDE (Specify only high Elementary (Secondary (0-12)	NT'S EDUCATION hest grade completed) College (1-4 or 5	+) (G	se retired.)	during me	ON pat of workin	9	18b. K	A	BINESS/IND	DUSTRY		
17. FATHER'S NAME (First, Middle, Last) UNKNOWN							EANC	ME (First, Mic	ddle, Maiden	Surneme)		
JAMES MCNI	· ·						E/BALTIMORE, MD 21208				1208	
20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion : 4 Donation 5 Other (Spe	ocify)	otner p	VECE)	POSITION (Name of cometery, cremetery or N STAR CEMETERY 22. NAME AND ADDRESS OF FACILITY								
21. SIGNATURE OF FUNERAL SE		Can							110	1 E.	. NO	RTH AVE.
23. PART I. Enter the diseas ahock, or heert IMMEDIATE CAUSE (Final disease or condition resulting in death)	failure. List only one ce	PSIS	0.	not ente								Approximata Interval Betwe Onset and Dec
Sequentially list conditions if any, leading to immediat ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	ASI DUE TO	O (OR AS A CONSE PIRATION O (OR AS A CONSE O (OR AS A CONSE	PNEU	IMONI	A							
PART II. Other significant of Dialecter	g to deeth but not resulting in the underlying cause given in					iven in	n Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			24b	WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 1 Inpatient 2 ER/Outpetient 3 DOA 26. DATER: 1 Inpatient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 1 Normally Home 5 Residence 8 Other (Specify) 28s. DATE OF INJURY AT WORK?												
27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident	(Month.	28a. DATE OF INJURY (Month, Day, Year) 28b. TIM				JURY AT DRK? YES 2		28d. DESCRIBE HDW INJURY OCCURED				
3 Suicide & Cou	28a DI ACE OF IN HIDY. At home form about feeting affiles.											
anal	NG PHYSICIAN: To the best of											a) and menner as stated
296. SIGNATURE AND TITLE OF	CERTIFIER					29c. LIC	NSE NUI	MBER		29d, DAT	TE SIGNED	(Month, Day, Year)

C/O Maryland General Hospital

BALTIMORE MARYLAND 21203-3146 ter death. Page 6 the functal direct bould be detached for use as the bunal-transit permit, Pages 1, 2, 3 val. al examiner many multiped at once.	TO BE COMPLETED BY FUNERAL DIRECTO	S RESIDO 10e. STAT 10e. STAT 1 Nev 3 Wid
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mouse after death. Page 6 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundral direct pours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner movement is noce.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PAF IMMEDI disease recultin Sequenti any, i cause. CAUSE that init recultin PART II 25. WAS EXAN 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CER	HEICAI	E OF	DEAL	Н	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Le DAISY DELMA D					FEBRUARY 17. 19					
4. SOCIAL SECURITY NUMBER 214073094	5. SEX 1 M 2 F	79 Test birt	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIR (Month, Day. April	8, 1	Co	extriplace (State or Foreign untry) aryland
9a. FACILITY NAME (If not institution, gi	HOSPITAL				AND,		YLAND		ALLEG	
RESIDENCE OF DECEDENT 100. STATE 10b. COU Maryland All		10	Lonaco	OR LOCA	TION					10d. INSIDE CITY LIMITS? 1 XYES 2 NO
10e. STREET AND NUMBER			Donace		1. ZIP COOE			1	US	F WHAT COUNTRY?
55 High St. 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Olvorced	12. WAS DECEDENT	YES 2 NO	13	If yes, s	CENDENT O	F HISPAI	NIC ORIGIN? (Spe in, Puerto Ricen, y:	ocify Yea or atc.)	ACE — American Indian, lack, White, atc. pecify: White	
15. DECEDENT'S I (Specify only rightest of Elementary/Becondary (0-12) Unknown		/Give ii	ENT'S USUAL of and of work down ACT use retired,	r thirting m	ON List of westkin	U			ng Hom	
17. FATHER'S NAME (First, Mickey, Levi)					18. MOTH	ER'S NA	ME (First, Allottin,	THE RESERVE	A PROPERTY OF THE PERSON NAMED IN	
Claude	Snyder						Marie	Ross		
Jon Duckworth		19ts. Mi	AILING ADDRES	95 (Street	ent Number	or Flund	Route Number, City	y or Roses, S	Itale, Zip Gode,	
20s_METHOD OF DISPOSITION 1 (2) Burlat 2 (2) Cremation 3 (1) F	CONTRACTOR STATE	20th PLACE OF I				natory or			TON — City o	
4 □ Donation S □ Other George 21. SIGNATURE OF FUNERUL SERVICE	ricehass /	Oak I	Hill Ce	. NAME A	NO ADDRES		CILITY			, Maryland
> Kreden	Lululan	hun					Funera			Maryland
23. PART I. Enter the disasses, ehock, or heart fellu IMMEDIATE CAUSE (Finel disesse or condition resulting in deeth)	a. Atheres		coron					(Approximata Intervel Between Onest end Dea
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	OR AS A CONSEQUE	,							
PART II. Other significant condi	iona contributing to d	eeth but not resu	ilting in the s	underlyin	ng ceuee (jiven in		WAS AN AU PERFORME YES 2	:07	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?					LACE OF O	EATH (C)	heck only one)			
1 VES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA 4 N		ne 5 🗆 Re	sidence	8 Other (Spec	otty)		
27. MANNER OF DEATH 1 V Natural 5 Pending Investigati	28e. OATE OF III (Month, Day	NJURY ; Ybar)	Bb. TIME OF INJURY M	W	JURY AT ORK? YES 2] NO	28d. DESCRIBI	E HOW INJ	JRY OCCURE	
2 Accident Investigati 3 Suicide 8 Could not 4 Homicide determine	ferm, street, fe	rm, street, factory, office 28f. LOCAT					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
(Ontoon only	IYSICIAN: To the best of m									se(s) and menner so stated.
26% SIGNATURE AND TITLE OF CERT	SMI	OF DEATH	2.6		29c. LICI	332		2	Pd. OATE SIGN	NED (Mopth, Day, Year)
V	ARYNSKI, M.	D. 925	SETON	DRI	VE	CUM	BERLAND	, MD	2150	2
31. DATE FILEO (Month, Day, Year) FFR 2.2. 1990	32. REGISTRAR	'S SIGNATURE	2							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR CERTIF	RTMENT OF I			ENTAL HYGIEN REG. NO	E				
	1. DECEDENT'S NAME (First, Middle, Last) CLARA T	JUBIN		MA.			2. DATE OF DEATH DATE OF DEATH	90	3. TIME OF DEATH			
10.0	4. SOCIAL SECURITY NUMBER 579-14-0831-A	5. SEX 1 M 2 XE	85 YRS.	MONTHS DAYS	HOURS B	HRS.	7. DATE OF BIRTH	04	BIRTHPLACE (State or Foreign Country) 8 5			
TOR	90. FACILITY NAME (It not institution, give si Hebrew Home of G	reet and number) reater Wa	shington	96. CITY, TOWN	DR LOCATION LKVILL		Nontgomery					
DIRECTOR	nesidence of decedent 10a. STATE Maryland Mo	ntgomery	10c. Cl7	ROCKVILL				Fig.	10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 6121 Montrose Roa	d	475	10	2 08	52	-		N OF WHAT COUNTRY? S. A.			
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3(X) Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI	ecify Cubsn, I	HISPANIC Mexicen, Specify:	ORIGIN? (Specify Yes Puerto Ricen, etc.)	or No — 14	I. RACE — American Indian, Black, White, atc. Specify: White					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)		18e. DECEDENT'S (Give kind of life. Do NOT u	work done during make retired.) FUT FIN	ost of working		186. KIND OF BUIL	UUS	STRY			
	17. FATHER'S NAME (First, Middle, Last) Lows Shuster						E (First, Middle, Maiden Harris	Sumame)				
TO BE	19a. INFORMANT'S NAME (Type/Print) Lita P. Datlow		19b. MAILING 9039 S	Sligo Cro	end Number or 2ek Pav	Aurei Aoi	ute Number, City or Tow	n, State, Zip Ci	ng, Md. 20901			
	20e METHOD OF DISPOSITION XXBurtel 2 Cremetion 3 Rem 4 Donelion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		20b. PLACE OF DISPO other place) King David	Memoria BONA1	ND ADDRESS	den STEI	Fall TN HEB. ME	S Chw MORIA	y or Town, State rch, Virginia L FUNERAL HOME SHINGTON, D. C.			
CERTIFICATION	232 CARROLL STREET, N.W., WASHINGTON, D. 23. PART I. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly liet conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Diseasee or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other algorificent condition Demention Hyportury Allerius (len	e contributing to d	eeth but not resulting	in the underlying	g ceuse glv	en in P	eart I. 24e. WAS AN PERFOI	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	LACE OF DEA		Other (Specify)					
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF III (Month, Day		JURY W	JURY AT DRK?		28d. OESCRIBE HOW	NJURY OCCU	REO			
LED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	Investigation 8 Could not be 28e. PLACE OF INJURY — At homs, farm, street, fectory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLET	onal		ry knowledge, death occur						l. cause(s) and manner ee stated.			
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE		un Phi	ICALA A	29c. LICENS			,	SIGNED (Month Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED PAUSE		02611	A	5	#305	CILL	-118/70 CD CPKINY			
	31. OATE FILED (MOOND, DEV. MOOD) FFR 22 1990	22. REGISTRAN	's sighature	UKUI F	1 1 1	E	1 202	11) 2	0902			

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE	OF DEATH		AR 3. 1	TIME OF DEATH
Bernard J. Fit:	zsimmons				MONTH 2-	20-90	ĄE	AR	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE	OF BIRTH	8, 1	BIRTHPLA	CE (State or Foreign
21/-03-/141	1 🛣 M 2 🗆 F	/ J YRS.	MONTHS DAYS	HOURS MIN.	1-2	28-15		Country)	Md.
a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH	1
Francis Scott Key	Medical Cer	ter	Balt	imore, Md					
RESIDENCE OF DECEDENT 106. STATE 106. COUNTY		10c. CITY	TOWN OR LOCA	TION				10d	. INSIDE CITY
Md.				imore					LIMITS?
De. STREET AND NUMBER				TIHOTE			10g. CITIZEN	2	
5502 Cedella Ave	entie		- "	21206					COUNTRI
	12. WAS DECEDENT EVER II	IIS ARMED	13 WAS DE	CENOENT OF HISPA	NIC OBIGIN	2 (Specify Ves o		BACE -	Imerican Indian
Never Married 2 Married Widowed 4 Divorced	FORCES? 1 TYES	2 NO	If yes, s	pecify Cuban, Mexico S 21X NO Specif	an, Puarto F		14.	Specify:	American Indian, lita, atc. Thite
15. DECEDENT'S EDUCA		18a. DECEDENT'S	JSUAL OCCUPAT	ION	18b.	KIND OF BUSIN	NESS/INOUST	RY	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during m retired.)	ost of working					
, (,		Foreman			E	Beth St	eel		
. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, A	fiddle, Maiden St	ırname)		
John Fitzsimmons				Cather	ine (Chamber	S		
e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street	and Number or Rural				ie)	
Miriam E. Fitzsim	mons	5502	Cedella	Ave. BA	lto.	Md. 2	1206		
a. METHOO OF DISPOSITION	200	PLACE OF DISPOSE				_	TION — City	or Town.	State
☑ Buriel 2 ☐ Cremation 3 ☐ Remo	val from State	other place)					eysvi		
. SIGNATURE OF FUNERAL SERVICE LICE		italiey va		AND ADDRESS OF FA	CILITY	TOOCK	Cysvi.	110,	IIC.
Rema J.	200	2	John	C. Miller	r. In		415 Be		
disease or condition esuiting in death) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING AUSE (Disease or injury hat initisted events esuiting in death) LAST		CONSEQUENCE OF):	1 artery	dis	esu			
ART II. Other significant conditions	contributing to death t	out not resulting li	n the underlyle	ng cause given in	Part i.	24a. WAS AN A PERFORM 1 YES 2	ED?	COL	RE AUTOPSY FINDS ILABLE PRIOR TO MPLETION OF CAUS OEATH? YES 2 NO
. WAS CASE REFERRED TO MEDICAL			26 1	PLACE OF OEATH (CI	book only on	n)			
	HOSPITAL:	antional A C Soci	OTHER:						
MANNER OF OEATH	1 Inpatient 2 MER/Out	28b. TIME	7	me 5 Realdence	1	r (Specify) CRIBE HOW IN.	IURY OCCUP	FD	
1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY W	YES 2 NO	200.000		J GCCGH		
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	' — At home, farm, s	treet, factory, off	ica		ATION (Street and or Town, Stets)	d Number or F	Rural Route	Number,
onel	IAN: To the best of my know							ouse(s) and	d manner as state
b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	IMBER				nth, Day. Year)
Mirror (Kon	releuter ,	11)		D210	22		D 2	20	90
M. KOWALEUSKI		ATH (ITEM 27) (Type,				10 212	34		
I. DATE FILE EB 22 1990	32. REGISTRAF SISIGN			(,-					

02 12-1-14

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MDNTH DAY	YEAR	3. TIME OF DEATH				
	JOSEPH BEVER	LY FE	NDLAY			02 14	90	12:30 Am				
	4. SOCIAL SECURITY NUMBER 5	. SEX 6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI	HPLACE (State or Foreign				
	217073051	XM 2 □ F	91 YRS.	MONTHS DATS	HOURS MIN.	08/19/98		ARYLAND				
	9a. FACILITY NAME (If not institution, give stree	t and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH 9c. (COUNTY OF E	DEATH				
DIRECTOR	GREATER BALTIMO	RE MEDICAL	CENTER	TOWSO	1		BALTIM	ORE				
SEC.	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?				
	MARYLAND BALTI	MORE		TIMONIUM	1		1 _ YE					
FUNERAL	100. STREET AND NUMBER 22 GREENRIDGE	RD		10	21093	10g.	WHAT COUNTRY?					
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No.) 14. RA											
BY F												
8	15. DECEDENT'S EDUCAT			USUAL OCCUPATI		16b. KIND OF BUSINESS	/INDUSTRY					
E	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during ma se retired.)	ost of working							
P	byRS.		CAR	31/10 29	R							
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden Surnan	ne)					
BE (JAMES W.	1003-1	-AY		1 A	RY M. S	IRO	H				
TO E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural i	Route Number, City or Town, State	, Zlp Code)					
-	FAMILY KED	OROS	5	305	13 HB	SVO						
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove		o. PLACE OF DISPO	SITION (Name of ce	metery, crematory or	20c. LOCATION	-	-				
	4 Donation 5 Other (Specify)	h	OPLAC	(GRO	V2 151	7. Cock	YSV	ME 170-				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME A	ND ADDRESS OF FA	PELOF CHI	ines					
	23. PART I. Enter tha diseasas, or cor	Nam M	d the death the	3/3	25 40	RKKUAO	in	Approximate				
	shock, or heart feiture. List IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	RESPIRATO						Interval Between Onset and Desth				
NO	Sequentialty list conditions, b.	VOCAL COR	D PARALY									
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	002 10 (03.23	A	ej.								
E	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events are the control of the co											
E	resulting in death) LAST											
CE												
PHYSICIAN: MEDICAL	PART II. Other algoriticant conditions of C • V • A •	contributing to death b	out not resulting	In the underlying	g cause given in	Part I. 24a. WAS AN AUTO PERFORMED?		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?				
MEC								1 YES 2 NO				
ž												
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)						
SIC		☐ Inpatient 2 ☐ ER/Out	patient 3 DOA	OTHER: 4 Nursing Ho	na 5 🗌 Rasidanca	8 Other (Specify)						
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIP	JURY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED					
ED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	imber or Rural	Route Number,									
E	29a. CERTIFIER 1 A CERTIFYING PHYSICIA			-1-1-	- C- 10 - 11	and was all the						
COMPLET	(Check only					a to the cause(a) and manner a a time, data and place, and due		(a) and manner as stated.				
BE C	29b. SIGNATURE AND TITLE OF CENTIFIER	5/1	- l	Ma	29c. LICENSE NU	MBER 29d.	DATE SIGNE	D (Month, Day, Year)				
2	30. NAME AND ADDRESS DF PERSON WHO	COMPLEXED CAUSE OF DE	EATH (ITEM 27) (Typ	a, Print)	102			1-1				
		6701 N. CHA			m 21204							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		TOWDOM I	T 71704							
	EER 22 1990 Sul	in Neviden 1	All I									

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FEB 22 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Saindon-Randalls

must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN REG. NO.	E	0 0 9 2 0 0					
	1. DECEDENT'S NAME (First, Middle, Lest) Requests	narles .	Fisher	, 3r.		2. DATE OF DEATH DO		3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER		yrs. last birthday) #		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	90	BIRTHPLACE (State or Foreign Country)					
TOR	90. FACILITY NAME (If not institution, give street UNIVERSITY OF MIRESIDENCE OF DECEDENT		91		MORE CIT		9c. COUNTY	Y OF DEATH					
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?					
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe		NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No.— 14	RACE — American Indian, Black, White, etc. Specify: BIJACK					
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired)												
E COMPL	17. FATHER'S NAME (First, Middle, Last) REGINALD FISHER	ME (First, Middle, Maiden LLA FISHER	Surneme)										
TO B	19e. INFORMANT'S NAME (Type/Print) PRISCILLA FISHER 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
	20a. METHOD OF DISPOSITION 1	-state remova			netery, cremetory or		CATION — CIT	y or Town, State					
	Janual 10	NICH	21-90	STATE	E ANATOMY	Y BOARD, BA							
	23. PART I. Enter the diseases, or co shock, or heart feliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one cause on eac	ch line.					Interval Between Onset and Death					
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):	atur	ity (23 week gestate	es.						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):										
MEDICAL	PART II. Other significent conditiona			the underlying	g cause given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO					
PHYSICIAN:		HOSPITAL:		THER:	ACE OF DEATH (Ch	8 Other (Specify)		1					
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	OF 28c. INJ Y WO	28d. DESCRIBE HOW	INJURY OCCU	RED							
ETED E	3 Sulcide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)						and Number or)	Rural Route Number,					
COMPLE	onel	AN: To the best of my knowle On the best of examination						ceuse(s) end manner as statad.					
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)					

2

REGISTRAR	STATE OF MARYLA		ICATE OF		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last	0)				2. DATE OF DEATH			. TIME OF DEATH
FRANKLIN	George	F	-		MONTH D	S 9	YEAR	5:15 0
4. SOCIAL SECURITY NUMBER	The second secon	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
212 30 0992	15 M 2 □ F 55	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 4/9/34		Md.	
9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF D			TY OF DEA	тн
UNION MEMORIAL H	OSPITAL		BALTIM	ORE CITY		MARY	LAND	
Md . 106. COUN	ΤΥ		altimo:					Dd. INSIDE CITY LIMITS? YES 2 NO
3726 Ravenwood Rd. Avenue			1	101. ZIP CODE 21213			U.S.A.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? YES 2 IF YES, GIVE WAR OR DATES 1958			If yee, s	CENDENT OF HISPA pecify Cuben, Mexic \$ 2 NO Speci	NIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian Black, White, etc. Specify: Black			White, etc.
15. DECEDENT'S EI (Specify only highest gra Elementery/Secondery (0-12)	DUCATION (de completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPAT work done during rr se retired.)	ION lost of working	18b. KIND OF BU	ISINESS/INDU	ISTRY	
					Hospi	ital		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N		, Middle, Maiden Surname)		
Robert Franklin				Mar	y Smith			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tov	vn, Stete, Zip i	Code)	
Edith Jackson		25	S. Ella	amont S	t. Balto.	. Md	. 2	1229
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	moval from State	PLACE OF DISPO		emetery, crematory or	20c. L0	OCATION — C	ity or Town	s, Md.
21. SIDMINURE OF FUNERAL SERVICE	. Morton		James			ons		
23. PATY I. Enter the diseases, D shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition	e. List only one ceuse on ea a	ich line.			ch es cardlec or resp	olratory erre	est,	Approximate Intervel Betwee Onset end Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. In to (or as a due to (or a) due to (CONSEQUENCE O	hemo	1	2			
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. Intercord Due to (OR AS A c. Due to (DR AS A d.	CONSEDUENCE D	hemo	vrhag		RMED?		VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Intercord Due to (OR AS A c. Due to (DR AS A d.	CONSEQUENCE O	hemo PF: In the underlyi 28. OTHER:	ng cause given in	PERFO	RMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions are successful	DUE TO (OR AS A C. DUE TO (DR AS A d. HOSPITAL: 128-Inpettent 2 = ER/Outpt 28e. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE D St not resulting	DF): In the underlyi 26. OTHER: 4 □ Nuraing Ho ME OF 28c. II JURY	ng cause given in	PERFC 1 VES	PRMED?	1	COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditions are successful to the significant conditions. The significant conditions are successful to the significant conditio	DUE TO (OR AS A c. DUE TO (OR AS A d. DUE TO (DR AS A d. DUE TO (D	CONSEQUENCE D CONSEQUENCE D St not resulting etient 3 □ DOA 28b. Till IN	DF): in the underlyl OTHER: 4 Nursing Ho ME OF JURY M 1	ng cause given in	PERFO 1 YES check only one) 8 Other (Specify)	PAMED? 2 NO INJURY OCC and Number	URED	MAILABLE PRIOR TO DOMPLETION OF CAUSE PEATH? YES 2 NO

0

29b. SIGNATURE AND TITLE OF CERTIFIER Resident 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 2/15/90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

FFR 20 1990



3. TIME OF DEATH

5:22A 8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY LIMITS?

TE YES 2 NO

YEAR

199d

BALTIMORE

10g. CITIZEN OF WHAT COUNTRY?

Specify:

14. RACE — American Indien, Black, White, etc.

BLACK

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) ELSIE M. GREENE FEBRUARY 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) MONTHS DAYS HOURS 1 ☐ M 2000F 96 YRS. 212-24-9363 11-6-1893 9a, FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE tob. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE CITY MD FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 21202 1126 McALEER COURT 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No—if yee, specify, Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS BALTIMORE, MARYCAND 21203-3148 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) ALFRED CRAWFORD ISABELLE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 418 EAST CHASE STREET/BALTIMORE, MD 21202 REV. ALBERT GREENE must be 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20s. METHOD OF DISPOSITION

CD Burial 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) BALTIMORE CEMETERY 21, SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY WM.C. MARCH F.H. 1101 E, NORTH AVE. Waner medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory strest, shock, or heert fallure. List only one cause on each line. **IMMEDIATE CAUSE (Finel** the cremation, disease or condition Cardiac Arnest resulting in deeth) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. BOX 13146, Pertorated burial, CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) prior to if sny, leeding to immediate cause. Enter UNDERLYING physician CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 0 the atten Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL and Unknoww any 1 TES 2 NO Signed t shows a this certificate has been with the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one Item HOSPITAL:
1 | Inputient 2 | Pr/Outpetient 3 | DOA L DRECTOR: After this certificate 2 hours after death with the State 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK?
1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending investigation BY 2 Accident 28s. PLACE OF INJURY — At home, farm, atreet, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide -00 8 Could not be COMPLETED 200 4 Homicide determined item 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL within 72 h = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I 29c. LICENSE NUMBER 38 D29598 and MD. Johns Hopkins Hospital Balt. MD.

June Davidson Sugaragendes G 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DiGiosanna

20c. LOCATION — City or Town, State BALTIMORE Approximete intervel Between Onset and Death Minutel 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 29d. DATE SIGNED (Montty, Day, Year) D 2/17/90 DHMH-16 Ray 1/89

BALTIMORE, MARYLAND 21203-3116

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, L.	aet)		CERTIF	ICATE	טר ט	LAIM	2 DATE	REG. NO.		1.	TIME OF DEATH
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	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDER 1 Y	EAR IF	UNDER 24 HRS.	7. DATE	OF BIRTH	_,_,	6. BIRTHPL	ACE (State or For
	216-05-6527	1 🗆 M 2 💢 F	88	YRS.	MONTHS D	AYS HO	URS MIN.	8 / C	29/01		Country)	land
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CTOR	RESIDENCE OF DECEDENT	r		400 017	Y, TOWN OR I						T an	d. INSIDE CITY
DIRE		altimore		10c. CIT	I, IOWN OR I	LOCATION						LIMITS?
	10e. STREET AND NUMBER	artimore				10f. ZIF	CODE			10a, CITI		YES 2 1
ERAL	8 Monmouth	Road					1228				JSA	
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- 11	1 Never Married 2 Married	IF YES, GIVE W	YES 27	CKio			Cuban, Mexic		Rican, etc.)		Specify:	
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ETED	15. DECEDENT'S (Specify only highest of	grade completed)		Give kind of life, Do NOT u	work done duri se retired.)	ing most of	working	16	b. KINO OF BUS	HNESS/INC	USTRY	
PLE	Elementary/Secondary (0-12) UNKN	College (1-4 or 5	+)		ewife				Otto	hama		
COMPL	17. FATHER'S NAME (First, Middle, Last			nous	ewile		MOTHER'S N	AME (First.	OWN Middle, Malden			
C	Joshua M. Wo						Sadie	, ,				
8	19a. INFORMANT'S NAME (Type/Print)	- see se de 1	14-11	19b. MAILING	ADDRESS (S				nber, City or Town	n, State, Zip	Code)	
5	Harry R. Gam	ber		13 N	. Rol	lin	Roa	d/Ba	ltimo	re.	MD	21228
	20s. METHOD OF DISPOSITION 1 ☑ Burlai 2 ☐ Cremation 3 ☐	Ramoval from State			SITION (Name						City or Town	
	4 Donation 5 Dother (Specify)				ivet				Bal	time	re,	MD
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	1				DDRESS OF F		Fune	w o 1	Lomo	DA
	KORAND 1	. / Flai	16 -	12								MD 2
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MEDI									1 TYES 2	NO		F DEATH?
2	25. WAS CASE REFERRED TO MEDIC					26. PLAC	E OF OEATH (C	Check only (one)			
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Augusto

1990

31. DATE FILED (Month, FFB 22

1. DECEDENT'S NAME (First, Middle, Last)	4	6	on	brel	/		2. DATE	E OF DEATH	w 91)	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER I YEAR	-	R 24 HRS.		E OF BIRTN hth, Day, Year)	1	B. BIRTH Country	PLACE (State or Foreign
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9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY, TOWN	OR LOCAT	ION OF D	EATN		9c. COUNT	TY OF D	EATH
6005 Holton L	ane			Temp	le F	Hill	S		Prir	nce	George's
10a. STATE 10b. COUNTY	1	-	10c. CIT	Y, TOWN OR LOC	ATION					Т	10d. INSIDE CITY
Maryland Prin	ce Geor	ge's	Te	mple H	ills	3					1 YES 2 XO
10e. STREET AND NUMBER					ot. ZIP COD				10g. CITIZE	EN OF W	NAT COUNTRY?
6005 Holton L	ane		200		2074	18			Unit	ed	States
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. AI I YES 2 AMAR OR DATES	RMED NO	If yes, s		en, Maxica	en, Puerto	IN? (Specify Yea Rican, atc.)		14. RACE Black Specif	— American Indian, White, atc.
15. DECEDENT'S EDU	CATION	16a. Di	ECEDENT'S	USUAL OCCUPAT	ION		16	b. KIND OF BUS	SINESS/INDU		ACK
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8	1/6	arve kind or a. Do NOT u	work done during n se retired.)	nost of work	ing					
7th Grade		Ret	tired	Tire T	echni	ciar		Pri	vate		
17. FATNER'S NAME (First, Middle, Last) William L. Go	amb a 1 1							Middle, Maiden			
19a. INFORMANT'S NAME (Type/Print)	ambrett			100000000000000000000000000000000000000				n Dav			
	a 1 1			ADDRESS (Street							
Robert Linder	Gambrel			HOLTO					CATION - CI		
N Burial 2 ☐ Cremation 3 ☐ Ram	oval from State	other p	viace)								
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	- I nar	шопу	Memor		Par	K	La	$n \cap n \cap n \cap n$	7	Marylan
					AND ADDRE		ACILITY				1
Vohan	11	+ _		Stew	art	Fun	era	1 Home	е		2
John)	Stew	art, T	TT Park	Stew 4001	art Ber	Fun	era era g R	1 Homo	e N.E.	Was	sh. D.C.
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COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.

32 REGISTRAR'S SIGNATURE

5009

Rayburn

Rodriguez,

Camp Springs

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest). William Isaac Hoffman 2. DATE OF DEATH MONTH DAY YEAR 10:151
	* SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Country) YRS. MONTHS DAYS HOURS MIN.
c .	90. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF DEATH 80. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY. TOWN OR LOCATION 101. INSIDE CITY
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltman 10d. INSIDE CITY LIMITS? 15C YES 2 \(\text{NO}\)
ERAL	100. STREET AND NUMBER 603 S. Clinton, Street 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 2/224
BY FUNER	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Specify: 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Mexicen, Pueno Rican, etc.) 14. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Wail Clerk U.S.F.&G.
LLI	17. FATNER'S NAME (First, Middle, Leet) Philip Hoffman 18. MOTNER'S NAME (First, Middle, Malden Surname) Catherine
10 8	1911. INFORMANT'S NAME (Type/Print) 1912. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) (atherine Lange 603 S. Clinton Street Balto., Md. 21224
	20e. METNOD OF DISPOSITION 1 DEBurlal 2 Cremation 3 Ramoval from State 4 Donetion 5 Other (Specify) 20e. PLACE OF DISPOSITION (Name of cametary, crematory or cher place) Sacred Heart of Jesus Cemetery Durdalk, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Charles S. Zeiler & Son Inc. Conkling St.
ERTIFICATION	23. PART I. Enter the diseases, or compilications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):
I: MEDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
BY PHYSICIAN:	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 1 Natural 5 Pending Investigation Investigation Pending Investigation Inv
TED	2 Accident investigation 3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2/21/90
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 301 St. Paul Place Bulfinnie, MD 21207
	FEB 22 1990 32. REGISTRAR'S SIGNATURE

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Deg S R Bd

	1 - STATE REGISTRAR	STATE UF N		ERTIF	ICATE	E OF	DEAT	H		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	Gertrude		Holza	pfel					2-	14-90	AY.	YEAR	M
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH , Day, Year)		Country)	LACE (State or Foreign
	214-40-4457	1 M 2 DF	91	YRS.	MONTHS	LATS	HOUNS	more.		19-98	P	hil.	Pa.
	9a. FACILITY NAME (If not institution, give s						RLOCATION		ATH		9c. COUNT	Y OF DE	ATH
6	College Mano	r				Luli	iervi	TIE			E	Balto	co. Co.
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN C	OR LOCAT	ION	-				1	IOd. INSIDE CITY
DIRECTOR	Md. Bal	to.			Lu	thei	vill	.e				1	LIMITS?
	10e. STREET AND NUMBER					101	. ZIP CODI				10g. CITIZE		HAT COUNTRY?
FUNERAL	300 West Semi	inary AVe	nue				2109	13			U.	S.A.	•
S	11. MARITAL STATUS	12. WAS DECEDEN								? (Specify Yes	or No- 1	4. RACE -	- American Indian, White, etc.
BY F	1½ Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1		Ямо			2 XNO			Rican, atc.)		Specify.	
		1											WILLES
TED	15. DECEDENT'S EDU (Specify only highest grade			DECEDENT'S (Give kind of the. Do NOT u	work done	during mo		g	16b.	KIND OF BUS	SINESS/INDU	STRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5-	+) "	Teacl						Balt	imore	City	у
COMPLET	17. FATHER'S NAME (First, Middle, Last)	+ y13.		1000			16 MOT	HER'S NAI	MF /First A	Aiddle, Maiden	Sumama)		
Ö	William FRederi	ck Holzar	fel					Anto:			,	Mo	lner
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRESS	S (Street a	nd Number	or Rural F	loute Numi	oer, City or Town	n, State, Zip C	Code)	01000
2	Anna D. Spilman			6101	Lock	n Ra	ven :	Blvd	. Ap	201	Bal	to.	Md21239
	20a, METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Ram	noval from State	other	E OF DISPO							CATION — C		
	4 Donation 5 Other (Specify)		_ Mo	orela	_						Balti	more	,Md.
	21. SIGNATURE OF FUNERAL SERVICE LI		1				NO ADORE				6415	BE1	air Road
	* Kathlun	M. New	your		I.Te	ohn	C. M	ille	r, I	nc.		3.0	d21206
			0			OIIII	0. 11				Balt	0. 11	1021200
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one car	nt caused the cuse on each li	na.	not anter	r tha mo	da of dy	Ing, auci	h aa card	dac or reap	Iratory arre	st,	Approximate Interval Between Onset and Death
	ahock, or heart fallure. IMMEDIATE CAUSE (Final	List only one car	nt caused the cuse on each li	na.	not anter	r tha mo	da of dy	Ing, auci	h aa card	dac or reap	Iratory arre	st,	Approximate Interval Between
ATION	ahook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. DUE TO	at caused tha	tice EDUENCE C	not anter	r tha mo	da of dy	Ing, aucl	h aa card	dac or reap	Iratory arre	st,	Approximate Interval Between
FICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Due To	on consideration of the consid	Tioe SEQUENCE C	not enter	r tha mo	da of dy	Ing, aucl	h aa card	dac or reap	Iratory arre	st,	Approximate Interval Between
RTIFICATION	ahook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Due To	at caused the cuse on each life on passion of the constant of	Tioe SEQUENCE C	not enter	r tha mo	da of dy	Ing, aucl	h aa card	dac or reap	Iratory arre	st,	Approximate Interval Between
CERTIFICATION	ahook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to b. Due to c. Due to	on each line on ea	TICE SEQUENCE OF	DF):	the mo	da of dy	faci	Cur Cur	er D	Iratory arre	le	Approximate interval Between Onset and Death
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due to b. Due to c. Due to	on each line on ea	TICE SEQUENCE OF	DF):	the mo	da of dy	faci	Cur Cur	dac or reap	Intervention of the second of	240.	Approximate Interval Between
	ahook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	a. Due to b. Due to c. Due to	on each line on ea	TICE SEQUENCE OF	DF):	the mo	da of dy	factorial factor	Part I.	24a. WAS AN PERFOR	Intervention of the second of	240.	Approximate interval Between Onset and Death
	ahook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL:	at caused the use on each live on each live (or as a constant of the constant	Tive EDUENCE COMEDIE C	not enter	nderlyin	g couse	Faculture In Seath (Chi	Part I.	24a. WAS AN PERFO	Intervention of the second of	240.	Approximate interval Between Onset and Death
	ahook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 inpatient 2	at caused the use on each live on each live (or as a constant of the constant	Tive EDUENCE CONTROL OF THE PROPERTY OF THE PR	not enter	nderlyin	g couse	Faculture In Seath (Chi	Part I.	24a. WAS AN PERFO! 1 YES 2	AUTOPSY IMEOT	240.	Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL	ahook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 28e. DATE O	at caused the use on each live on each live (or as a constant of the constant	TURE SEQUENCE CONTROLLED TO THE CONTROLLED TO TH	not enter	nderlyin 26. P R: reing Hon 28c. IN.	g couse	Factorial Constitution of the seldence	Part I.	24a. WAS AN PERFO	AUTOPSY IMEOT	240.	Approximate interval Between Onset and Death
BY PHYSICIAN: MEDICAL	ahook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	B. DUE TO A. DATE Of (Month, I) 28a. DATE Of (Month, I)	It caused the use on each live on each live (or as a construction) of the construction	THE SEQUENCE CONTROL OF THE SE	OF): OF): OF): OF): In the unit of the	nderlyin 26. P R: reling Hon 28c. IN. W 1	g ceuse	Factorial Constitution of the seldence	Part I.	24a. WAS AN PERFO! 1 YES 2	AUTOPSY MED?	24b. \	Approximate Interval Between Onset and Death Onset Ons
BY PHYSICIAN: MEDICAL	ahook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending investigation investigat	BICIAN: To the best of	at caused the use on each life	TOPE COUNTER OF THE PROPERTY O	In the under the street, factors at the	nderlyin 26. P R: reing Hon 28c. IN. 1 □	g couse LACE OF E IJURY AT YES 2 [Fall ASI GEATH (Chaeidence) NO	Part I. 26d. DE: 281. LOC City to the ca	24a. WAS AN PERFO! 1 YES 2 ATION (Street or Town, State, use(s) and ma	AUTOPSY IMEO?	24b. 1	Approximate Interval Between Onset and Death WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	ahook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined. 29a. CERTIFIER (Check only)	a. DUE TO b. DUE TO c. DUE TO d	at caused the use on each life	TOPE COUNTER OF THE PROPERTY O	In the under the street, factors at the	nderlyin 26. P R: reing Hon 28c. IN. 1 □	g ceuse LACE OF E DURY AT DRK7 YES 2 [De and placedeath occur death occur	Fall ASI GEATH (Chaeidence) NO	Part I. 28d. DE: 28t. Local City to the cast	24a. WAS AN PERFO! 1 YES 2 ATION (Street or Town, State, use(s) and ma	AUTOPSY AMED? AND OCCUPANT OC	24b. 1	Approximate Interval Between Onset and Death WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

its the hospital or attending physician.

detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 may be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal. IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

31 DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

2/99 OHMH-18 Rev 1/89 IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M	ARYLAND / DEPAI CERTIF					MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last) Katherine	T. Nohm	an					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH 8:30AN M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		Counti	IPLACE (State or Foreign
	218-05-0893	1 M 2 F	89 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	900		"alto. , MD.
	9e. FACILITY NAME (If not institution, give	street and number)		96. CITY	, TOWN	R LOCATION	ON OF DE	ATH	9c. COL	JNTY OF D	EATH
OR	Stella Maris				Tows	on			B	alti	more
[I	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c CI	TY. TOWN	OR LOCA	ION					10d. INSIDE CITY
E										3	LIMITS?
	Md . 10e. STREET AND NUMBER			Ba1		. ZIP CODI	E		10a, CIT	TIZEN OF V	WHAT COUNTRY?
RA	2520 D.11.						1213				
FUNERAL DIRECTOR	3520 Pelham Ave		EVER IN U.S. ARMED	13.	WAS DEC	-	after their side and	IIC ORIGIN? (Specify	Yee or No		SA E American Indian, k, White, etc.
BY FI	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO			ecify Cube 2 NO		n, Puerto Ricen, etc.)		Spec	
E	15. DECEDENT'S EDU		16e. DECEDENT	S USUAL C	CCUPATI	ON		16b. KIND OF I	BUSINESS/IN	DUSTRY	
E	(Specify only highest gradi	College (1-4 or 5 +	(Give kind o	work done use retired.)	during mo	st of worki	ng				
4			Homema	aker							
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Maid	len Surname)		
BE C	Oscar J. Hook					K	Athe	rine A. V	Valsh		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRES	S (Street	and Number	r or Rural I	Route Number, City or	Town, State, Z.	ip Code)	
10	Mary K. Reeves		5761	Edge	park	Rd.	Bal	to., Md.	21239)	
	20a, METHOD OF DISPOSITION 1 Description 2 Cremation 3 Rem	noval from State	20b. PLACE OF DISPO	OSITION (N	ame of ce	metery, crer	natory or	20c.	LOCATION -	- City or To	own, State
	4 Donetion 5 Other (Specify)		Holy H						ilto.,	Md.	
-	21. SIONATURE OF FUNERAL BERVICE &	CENSEE				C M		r Inc.			
	Ildoma A	142	49					d. Balto.	. Md.	212	06
NOI	ahock, or heart all of the state of the stat	a. Advan	on each line. CEC PETPHE1 OR AS A CONSEQUENCE TENE (I.) FO	OF):				ase			interval Between Onset end Desth
CERTIFICATION	If any, leading to immediets cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	C	OR AS A CONSEQUENCE								
E	resulting in death) LAST	4									
CE		0.									
PHYSICIAN: MEDICAL	PART II. Other significant condition	ns contributing to	death but not resulting	g In the u				1 YES	AN AUTOPSY FORMED?	7 248	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
10	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		LACE OF D	DEATH (Ch	neck only one)			
IYS	1 YES 2 NO	1 Inpatient 2 26e, DATE OF	ER/Oulpaties 3 DOA	4 1 Nu		JURY AT	esidence	6 Other (Specify)	W 101 H 100 C	0011050	
ву РН	1 Natural 5 Pending 2 Accident Investigation	(Month, D		M	W	YES 2	□ NO	26d, DESCRIBE HO	W INJURY O	CCONED	
ETED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE O building,	F INJUIT — At Johns, farm etc. (Constitut	i, street, fa	ctory, offi	be		261. LOCATION (Str. City or Town, St	et end Numb	er or Rurei	Route Number,
COMPLE	CONSUR OTHY		my know ways, death occuramination and/or investiga								(e) and manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFI	ER				29c. LIC	ENGE NU	more of	29d. DA	ATE SIQNE	D (Month, Dey, Year)
2	30. NAME AND ADDRESS OF PERSON W				Tou	son.	110 -	21204			
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE			,	. ,				
	EFR 29 190	A delin B	ruidson-Randal	2							

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ter de minimum retained by the hos	the target of the detached the detached	Mal.	a examiner must be notified at once.
ted within 24 hours at	completely filled in by	at, cremation, or rem	event, the means
ath certificate be execut	ttending physician and c	tal Hygiene prior to buna	, or other dayman
law requires that the de	as been signed by the	Dept. of Health and Men	CO SHOWS ANY INJURY
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 wours after de The programmer retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral management of should be detached.	be filed within 72 hours after death with the State Dept. of Health and Melital Hyglene prior to burial, cremation, of removal.	IMPURIANT: If REM 20 IS MARKED, OF REM 23 SHOWS ANY REJULY, OF DEFINE COOK, THE MEDICAL EXAMINET HUSS DO NOTHING ALDRES.
101	101	De fi	IMP

1. OECEDENT'S NAME (First, Middle, Last)							OF DEATH	***	100.0	3. TIME OF DEATH
Robert R	ussell	Ha	rtkop	of. S	r.		Feb		199	0 YEAR	241
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I		IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (Stete or Foreign
239-14-2884	1 X M 2 - F	72	YRS.	MONTHS	DAYS	HOURS MIN.		ch 15	1917	Countr	ssouri
9e. FACILITY NAME (If not institution, give	street and number)	7.2		9b. CITY	, TOWN O	OR LOCATION OF D		011 15		NTY OF D	
17 Elphin Court	, Apt. 10)2		Tim	oniu	m			Ba	ltimo	re
Maryland Balt	imore			moni		TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10a. STREET AND NUMBER					101	. ZIP CODE			10g. CITI	ZEN OF W	VHAT COUNTRY?
17 Elphin Court						21093			1	JSA	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced		NT EVER IN U.S. A 1 X YES 2 WAR OR DATES WWW 1	NO		If yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 XNO Speci	en, Puerto		or No—	Black	American Indian, c, White, etc. by White
15. DECEDENT'S ED (Specify only highest grad Elementery/Secondary (0-12)	UCATION de completed) College (1-4 or 5	16e. C	DECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATIO during mo	ON est of working	168	. KINO OF BU	SINESS/IND	USTRY	
	4+		Engi	neer	(Re	tired)		Engir	neerin	ng	
17. FATHER'S NAME (First, Middle, Last) Gustav A. Hart	tkopf					18. MOTHER'S N.		Middle, Malden			
19e. INFORMANT'S NAME (Type/Print) Charlotte G. Ha	rtkopf		196. MAILING	Elphi	s (Street a	ourt, A	Poute Num	ber, City or Tow	n, State, Zip imoni	Code)	Md.2109
20a. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stete	20b. PLAC	E OF DISPO	For	ame of cer	veterans	s Cei	m. Gai	rriso	City or To	rest, Md.
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE Mai	his out	House	22	MAME AL	ND ADDRESS OF F	ACIL ITY				
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upon the man and the hospital or attending physician,	in the strength of detached for use as the burial-transit permit. Pa	1	ist be notified at once.
90	too.	ı	E L
THE HOSPITAL DR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not

1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1990 Elizabeth Hasley Emma Feb 7:45 P.M. 6. AGE (In yrs. lest birthday)
78
YRS. A SOCIAL SECURITY NUMBER 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS. ?. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign April Day, Year) DAYS HOURS MIN. Pa. 1 M 2 KF 199D 175-03-9254A 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 316 Priestford Road Churchville Harford Co. DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? 1 YES 2 NO 10a. STATE 10b. COUNTY Maryland Harford Belair 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE 126 North Hickory Avenue Apt. 21014 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Bleck, White, etc. FORCES? 1 YES 2.

IF YES, GIVE WAR OR DATES It yee, specify Cuban, Mexicen, Puerto Ricen, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify: White BY 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16m. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) College (1-4 or 5+) Elementary/Secondary (0-12) Office Manager Brengel Bros. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Benjamin Franklin Hull Edna M. Dimond BE 21028 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 316 Priestford Road, Churchville Md. Luella M. Brock 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20e. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 1 Buriel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) Metro Crematory, Inc. Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSTE 22. NAME AND ADDRESS OF FACILITY Cremation Society of Baltimore, MD 21228 Maryland George E. MacNabb 23. PART I. Enter the dieeeses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete shock, or heart feliure. List only one cause on eech line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final diseese or condition_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Schemic Heart Disease CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24m. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient 2 ER/Outpatient 3 DOA ne 5 Residence 8 - Other (Specify) 1 YES 2 NO 4 - Nursing He 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicida 6 Could not be 60 4 Homicide determined ETI 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) end menner ea stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner se stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITUE OF CERTIFI BE ▶Feb. 18, 1990 D 15673 necora 2 21050 10 MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)

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32. AEABS

Reinhardt, M.

Joseph

Forest Hill. MD

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta		
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	1 - STATE REGISTRAR	STATE OF MA		ICATE C			MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Joseph Jo	hNSON	,				2. DATE OF OEATH MONTH DA	190	3. TIME OF DEATH 2:00 P M
	2110 22 110	5. SEX	6. AGE (In yrs. last Mithday) YRS.	IF UNDER 1 YE		24 HRS. MIN.	7. OATE OF BIRTH (Month, Day, Year)	7 8.	BIRTHPLACE (State or Forbign Country)
NR N	98. FACILITY NAME (II not institution, give stre LOCI) RAVEN VA		49/		IN OR LOCATION		4/15/27	9c. COUNTY	NorthCarolina OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
	Maryland E	Baltimore	2	BAITIN					1 YES 2 NO
FUNERAL	1705 Holavier		Baltmore		2/6	223		U.	OF WHAT COUNTRY?
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	- If yes			IIC ORIGIN? (Specify Yaa n, Puarto Rican, atc.) ''	or No— 14.	RACE — American Indian, Black, White, atc. Specify White
PLETED	15. OECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	Ille. Do NOT u	work done during	most of workin	g	18b. KIND OF BUS	INESS/INOUS	TRY
once.	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	HER'S NAI	ME (First, Middle, Maiden	Sumame)	
BE at	Lindsey H. Joh	nson	19b. MAILING	ADDRESS (Str		erta	A MAe Wil	Lliams	nde)
TO TO	Emma Johnson						Baltimore M		
must b	20s METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Ramov 4 Opnation 5 Other (Specify)	rel from State	20b. PLACE OF DISPO other place) Garrison			- 1			re Md.
examiner	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	al Horas	22. NAM	E AND ADDRES	SS OF FA			
any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COM	23. PART I. Enter the diseases of containing the sease of condition casulting in deeth) Sequentially liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	Sep DUE TO (b) AT () A	on each line. SIS OR AS A CONSEQUENCE CENTRE Ch	m: prob	Ably		lips of		interval Between Onset and Daath
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PH Red.	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF I	INJURY 28b. TIR	ME OF 280 JURY	INJURY AT WORK?		8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUP	REO
28 is TED	2 Accident Hyperigation 3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF building, a	INJURY — At home, ferm, atc. (Specify)	street, factory,	office		281. LOCATION (Street of City or Town, State)	and Number or	Rural Route Number,
MPORTANT: If Item O BE COMPLE	and and		my knowledge, death occur amination and/or investigati						cause(s) and manner as stated.
IMPORTAL O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER MONGO M. Donne	io, in				ENSE NUI		29d. DATE S	SIGNED (Month, Day, Year)
7	30. NAME AND ADDRESS OF PERSON WHO Maria M. Gar	COMPLETED CAUS	E OF DEATH (ITEM 27) (Typ Loch Reve,	o, Print) NVA	Hosp.	, ta		/	
	31. DATE FILED (Month, Day, Year) FFR 22 1990	lite Bavids	Tancose						
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nd completely filled in by the funeral director, page 5 should be detached for use	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)		0.0		711 01	DEATH		REG. NO.			
						2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
FRANK		KUJAWA						1990		
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday) #	FUNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	-	BIRTH	PLACE (State or Foreign
214-03-4037	1 M 2 D F	93	YRS.	DAYS DAYS	OR LOCATION OF D	9-23	3-1896	9c. COUNT		yland
Canton - Harbo		ng Cen		Balti		EAIN		9e. COUNT		EATH
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TY		10c CITY T	OWN OR LOCA	TION					10d. INSIDE CITY
Maryland				timor						LIMITS?
1702 Sherwood	1702 Sherwood Ave.						10f. ZIP CODE 10g. CITIZ			
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENT FORCES? X YES 2 NO It yes, specific yes, yes, yes, yes, yes, yes, yes, yes,					DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE -					
15. DECEDENT'S ED (Specify only highest grad	le completed)	(G		NAL OCCUPATI k done during m		16b.	KIND OF BUSI	NESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)			ator	0-	an Man	11 f > c	1+11	ror
4 Years -		Ma	Curne	oper	18. MOTHER'S NA				itu.	rer
Stanislaus		Kujaw	2		Joseph			umama) K r ze	am i	nela
19a. INFORMANT'S NAME (Type/Print)		19	D. MAILING AL	DURESS (Street	and Number or Rural	Houte Numb	per, City or Town,	State, Zip C	Zode)	21239
Frank J. Kujar	wa	_			od Ave			e, M	-	
4 Donetion 5 Other (Specify)	emen C	130.		Will		John	nson,P	.A.F	un	Maryland eral Hom n,MD2120
disease or condition resulting in daeth)	S. DUE TO	(OR AS A CONSE	OUENCE OF):	Hes	T hail	(4)				
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If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificent conditions and the conditions of the co	DUE TO c. PODE TO d. DONE CONTributing to DONE CONTributing to DONE CONTributing to DONE	OR AS A CONSE OR AS A CONSE Death but not the second of	OUENCE OF): OUENCE OF): resulting in 28b. TiMe. INJUE Outence of):	the underlyle 28. I DTMER: Nursing Ho OF 28c. W I est, factory, off at the time, de	ng cause given in place of DEATH (Come 5 Residence IJURY AT ORK? YES 2 NO lice	Part I. a Othe 28d. De: 28t. Loc City	24e. WAS AN A PERFORM 1 YES 2 in (Specify) SCRIBE HOW IN CATION (Street er or Yown, State)	JURY OCCU	URED or Rural i	AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
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If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions and investigations are set of the conditions and investigations are set of the conditions and investigations are set of the cause of the cau	DUE TO DUE TO d. HOSPITAL: 1 Inpatient 2 26a. DATE Of (Month, is building) SICIAN: To the best of the basis of th	OR AS A CONSE COR AS A CONSE Odeath but not a ER/Outpatient : FINJURY ay, Year) OF INJURY — At he, atc. (Specify) If my knowledge, departmention and/or	OUENCE OF): OUENCE OF): resulting in 28b. Time of INJUE orne, ferm, sto	the underlyling to the underlyli	PLACE OF DEATH (Come 5 Residence LUBY AT YES 2 NO lice	Part I. Part I. Defined only or a Girly or	24e. WAS AN A PERFORM 1 YES 2 in (Specify) SCRIBE HOW IN CATION (Street er or Yown, State)	JURY OCCI	or Rural :	AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO Rioute Number, and manner ea stated (Month, Dey, Year)
If eny, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificent conditions of the co	DUE TO C. DUE TO DUE TO d. DONE CONTributing to DONE CONTributing to DONE CONTRIBUTING TO SICIAN: To the best of the bes	OR AS A CONSE COR AS A CONSE Odeath but not a ER/Outpatient : FINJURY ay, Year) OF INJURY — At he, atc. (Specify) If my knowledge, departmention and/or	OUENCE OF): OUENCE OF): resulting in 28b. Time of INJUE orne, ferm, sto	the underlyling to the underlyli	PLACE OF DEATH (Come 5 Residence LUBRY AT YES 2 NO lice	Part I. Part I. Defined only or a Girly or	24e. WAS AN A PERFORM 1 YES 2 or (Specify) SCRIBE HOW IN CATION (Street er or Yown, State)	JURY OCCI	or Rural :	AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO Ricute Number, s) and manner ea stated (Month, Dey, Year)

1 - STATE REGIST
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR CERTIFIC	ATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH	
	PATRICIA E. KEECH			YEAR 7-150 M	
		UNDER 1 YEAR IF UNDER 24 HRS.			
		NTHS DAYS HOURS MIN.	(Month, Day, Year)	BIRTHPLACE (State or Foreign	
	220,400 124 14		7-8-41	MARYLAND	
		CITY, TOWN OR LOCATION OF DE	ATH 9c. COUNT	Y OF DEATH	
OH	Falleton Son Heightel	welster.	/fa	afred	
5	RESIDENCE OF DECEDENT				
DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY LIMITS?	
O	1 ARYLAND HARI-ORD 20	Crows		1 TYES 25 NO	
AL	10e. STREET AND NUMBER	101. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?		
2	2518 THOROGIRRY DRIVE	21040) ()	.S.A.	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	<u> </u>	4. RACE — American Indian,	
	1 Never Married 2 Married FORCES? 1 YES 2 NO	If yes, specify Cuban, Mexica	n, Puerlo Rican, etc.)	Black, White, stc.	
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	1 YES 2-19-NO Specify	/:	Specify:	
8	15. DECEDENT'S EDUCATION 160. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUSINESS/INDU	STRY	
-	(Specify only highest grade completed) (Give kind of work	done during most of working	100, 1000 01 00000000000000000000000000		
100	Elementary/Secondary (0-12) College (1-4 or 5+)	11.000		VIII TO THE TOWN	
M	10/12.	HOLLS			
COMPLET	17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S NA	ME (First, Middle, Meiden Surname)		
BE	OLIVER LEROY DELL	1 (AR	Y ILIZAGETI	23006 H	
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AD	DRESS (Street and Number or Rural I	Route Number, City or Town, State, Zip C	Code)	
2	FAMILY RECORDS S	AME AS AB	ovs		
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITI	ON (Name of company, crematory or	20c. LOCATION CI	ty or Town. State	
	1 Burial 2 Cremetion 3 Removal from State other place)		Book	0	
	4 Donation 5 Other (Specify)	22. NAME AND ADDRESS OF FA	INTERIOR	1 (D)	
	21. SIGNAL SENDE CICENSEE	S VAN CHE		S	
	1 Della Dell	2335 VOO	K ROCCITIO	anium	
	23. PART i. Enter the diseases, or complications that caused the death. Do not	enter the mode of dylno, suc	h as cardiac or respiratory erre	st, Approximate	
	shock, or heart fallure. List only one cause on each line.	and the mode of dying, ode	or our design of the product of the control of the	Interval Between	
	IMMEDIATE CAUSE (Fine)			Onset and Death	
	disease or condition	ann			
	DUE TO (OR AS A CONSEQUENCE OF):				
Z	The second secon				
2	Sequentially list conditions, If any, leading to immediate				
CERTIFICATION	cause. Enter UNDERLYING				
E	CAUSE (Disease or Injury thet Initiated events DUE TO (OR AS A CONSEQUENCE OF):				
F	resulting in death) LAST				
8	0				
	PART II. Other significant conditions contributing to death but not resulting in	he underlying ceuse given in	Part 1. 24a. WAS AN AUTOPSY PERFORMED?	246. WERE AUTOPSY FINDINGS	
EDICAL	Marked Obesity		1 TYES 2 WNO	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
G				OF DEATH?	
×				1 TYES 2 THO	
Z					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Ch	eck only one)		
S	1 10 400 0 0 0 0 0	☐ Nursing Home 5 ☐ Rasidenca	6 Other (Specify)		
Ŧ	27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) INJUR		26d, DESCRIBE HOW INJURY OCCL	JRED	
	1 Netural 5 Pending	M 1 YES 2 NO			
ВУ	3 Suicirie 26e. PLACE OF INJURY — At home, form, stre	et, factory, offica	261. LOCATION (Street and Number of	r Rural Route Number,	
CB	4 Homicide detarmined building, atc. (Specify)		City or Town, State)		
ET	299. CERTIFIER				
COMPL	(Check only Check on Check				
0	2 MEDICAL EXAMINER: On the beels of sxamination end/or investigation,	n my-opinion, death occured at the	time, data and place, and due to tha	ceuse(e) end manner ee stated.	
D III	296. SIGNATURE AND TITLE OF CERTIFIER IL IN MEN CHEST	29c. LICENSE NUI	MBER 29d, DATE	SIGNED (Month, Day, Year)	
00	Keekend A. Celler	770	1194 > 7	118/90	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr	intl		/ / / /	
	President of the second	2013/24/20	Church Rose	10001	
	KICHIKD U. COLFER, M.D.	Dallen	year, Mid 2.	1034	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE				
	FEB 22 1990 Julia Davidna Bordette				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within smounts after dear the control of the	TO THE FLIMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the firm	,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mi
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\$	S	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remitigal.	60
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er de la langua retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by, the five details and bed detached for use as the burial-transit permit. Pages 1, 2, 3 st death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoyal.	if examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a find a find of the first and the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this ceruficate has been signed by the attending physician and completely filled in by the fine fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENT	AL HYGIENE
CERTIFICATI	E OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)		CER	HILICAL	E OF DEATH	R	EG. NO.		
					2. OATE OF C	EATH DAY		3. TIME OF OEATH
FRANK B.	LEE				MONTH OZ		1990	728 0
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birti	hday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF B	IRTH	8. BIRTH Countr	IPLACE (State or Foreign
219 10 7016	1 M 2 F	63 Y	RS.		(Month, Day 11-1			MD
99. FACILITY NAME (If not institution, give s LOCH RAVEN VA		L		Y, TOWN OR LOCATION OF $oldsymbol{o}$	CITY	9c. CO	UNTY OF D	EATH
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	~	Lan	c. CITY, TOWN	OD LOCATION				10.1 510105 0171
	*						- 1	10d. INSIDE CITY LIMITS?
MD			SALTIN	MORE CITY		40- 01		OF AT YES 2 NO
1654 E.25th SI	REET			21213		log. Ci	USA	THAT COUNTRY?
11. MARITAL STATUS 1 Never Marriad 20 10 Married 3 Widowed 4 Divorced	12. WAS DECEDENT ET FORCES? 1 OF IF YES, GIVE WAR	YES 2 NO		WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Rican		14. RACE Black Speci	E — American Indian, k, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDI (Give ki life. Do	ENT'S USUAL (ind of work done NOT use retired.)	OCCUPATION a during most of working)	16b. KIN	O OF BUSINESS/II	NOUSTRY	
10th Grade	College (I-4 or 5+)	Truc	ek Dri	iver	NA			
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle	, Maiden Sumame)	
CLEO LEE				I, TI, I, TA	1 IV	BAILEY		
19a. INFORMANT'S NAME (Type/Print)		19b. M/	AILING ADDRES	SS (Street and Number or Rurel			Zip Code)	
MARY C. LEE		765	4 EAS	ST 25th STI	REET/R	ALTIMO	RE. M	D 27273
20 METHOD OF DISPOSITION		20b. PLACE OF C		Name of cemetery, crematory or		20c. LOCATION -		
4 ☐ Burlal 2 ☐ Cremation 3 ☐ Ram	toval from Stata	other place)	NATI	L MEM. PK.	CEM.	LAURE	L . M	D
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	2220		. NAME AND ADDRESS OF F		2710112	2 5	
> Island	Wans	(~)	T.	WM.C. MARCI	F.H.	1101	E. N	ORTH AVE.
23. PART I. Enter the diseases, or	complications that co	eused the death.						Approximate
shock, or heart feiture. IMMEDIATE CAUSE (Final								Interval Between
disease or condition	Pulmi	20000	81	la ma				one monn
resulting in death)	BUE TO (Of	Onery	NCE OF):	CENTIA				None Mone
	Sen	AS A CONSEQUE	Shor	K				2 weeks
Sequentisliy list conditions, if sny, isading to immediate	DUE TO (OI	R AS A CONSEQUE	NCE OF):	-/\				
cause. Enter UNDERLYING	, Kerij	Lonitis						2 weeks
CAUSE (Disease or Injury that initiated events	DUE TO (OF	R AS A CONSEQUE	NCE OF):					
resulting in desth) LAST	1/2	al F	Callur	20				
	d. Ken		-(1/01	7				ON MON
	0.	eth but not reeu			Part I. 24	. WAS AN AUTOPS	Y 24b	WERE AUTOPSY FINDING
PART II. Other significant condition	ons contributing to de		iting in the u	underlying cause given in		PERFORMED?	Y 24b	
PART II. Other significant condition	0.		iting in the u	underlying cause given in			Y 24t	D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition	ons contributing to de		iting in the u	underlying cause given in		PERFORMED?	Y 24t	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE.
PART II. Other significant condition Lower ga	ons contributing to de		iting in the u	underlying cause given in	1 {	PERFORMED?	Y 24k	D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition LOWER G.C. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	s tro in tes	trnal	SC OTHE	underlying cause given in	1 {	PERFORMED?	24R	D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition LOWER GC 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	trnal	COTHE	underlying cause given in	heck only one) 6 Other (Sp	PERFORMED? YES 2 NO		D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition Lower ga	s tro in tes	trnal R/Outpatient 3 1	OTHE	26. PLACE OF DEATH (CER: ursing Home 5 Residence 28c. INJURY AT WORK?	heck only one) 6 Other (Sp	PERFORMED? YES 21 NO		D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition LOWER GC 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Department 2 = E 28a. DATE OF IN. (Month, Day.	R/Outpatient 3 1	OTHE DOA OTHER NUMBER	26. PLACE OF DEATH (CER: unsing Home 5 Residence 28c. INJURY AT WORK?	heck only one) 6 Other (Sp	PERFORMED? YES 2 NO Occity) BE HOW INJURY (DCCURED	D. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE. OF DEATH? 1 YES 2 NO
PART II. Other significant condition LOWER G.C. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending	HOSPITAL: 1 Department 2 = E 28a. DATE OF IN. (Month, Day.	R/Outpatient 3 1 SURY 21 NJURY — At home,	OTHE DOA OTHER NUMBER	26. PLACE OF DEATH (CER: unsing Home 5 Residence 28c. INJURY AT WORK?	heck only one) 6 Other (Sp. 28d. DESCRI	PERFORMED? YES 2 NO	DCCURED	D. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE. OF DEATH? 1 YES 2 NO
PART II. Other significant condition LOWER GC 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Department 2 DEI 28a. DATE OF III building, etc.	R/Outpatient 3 121 B/Outpatient 3 121 B/Outp	OTHE OF INJURY M	26. PLACE OF DEATH (CER: unsing Home 5 Residence 28c. INJURY AT WORK?	heck only one) 6 Other (Sp 26d. DESCRI	PERFORMED? YES 2 NO Peocify) BE HOW INJURY (IN (Street and Num. Num, State)	OCCURED ber or Rural	D. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE. OF DEATH? 1 YES 2 NO
PART II. Other significant condition LOWER GC 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: The state of the section of the sectio	F/Outpatient 3 1 SURY 21 NJURY — At home, (Specify)	DOA OTHE OF INJURY M	26. PLACE OF DEATH (CER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, office	heck only one) 6 Other (Sp 28d. DESCRI 28f. LOCATIC City or R	PERFORMED? YES 2 NO Pecify) BE HOW INJURY (IN (Street and Num. Nown, State)	DCCURED ber or Rural	D. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE. OF DEATH? 1 YES 2 NO Route Number,
PART II. Other significant condition LOWER GC 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Minpetient 2 E. 28a. DATE OF III. Whom the desired in the building, etc. SICIAN: To the best of my HER: On the basis of exercises.	F/Outpatient 3 1 SURY 21 NJURY — At home, (Specify)	DOA OTHE OF INJURY M	26. PLACE OF DEATH (CER: ursing Home 5 Residence 29c. INJURY AT WORK? 1 YES 2 NO actory, office	6 Other (Sp. 286. DESCRI	PERFORMED? YES 2 NO Decity) BE HOW INJURY (IN (Street and Num. Nown, State)	DCCURED ber or Rural stated,	D. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE. OF DEATH? 1 YES 2 NO Route Number,
PART II. Other significant condition LOLUCY 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Minpetient 2 E. 28a. DATE OF III. Whom the desired in the building, etc. SICIAN: To the best of my HER: On the basis of exercises.	F/Outpatient 3 1 SURY 21 NJURY — At home, (Specify)	DOA OTHE OF INJURY M	26. PLACE OF DEATH (CER: 28c. INJURY AT WORK? 1 YES 2 NO sectory, office	6 Other (Sp. 286. DESCRI	PERFORMED? YES 2 NO Decity) BE HOW INJURY (IN (Street and Num. Nown, State)	DCCURED ber or Rural stated,	D. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant condition LOWER GC 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending Investigation 3 Sulcide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON W	HOSPITAL: 1 Repetient 2 E. 28a. DATE OF IN. (Month, Day.) 28a. PLACE OF III. building, etc. SICIAN: To the best of my IER: On the basis of axen. ER	R/Outpetlent 3 USRY Year) 21 NJURY — At home, (Specify) If knowledge, death nination and/or inve	DOA OTHER DOA 4 No. Sb. TIME OF INJURY M farm, street, fa	25. PLACE OF DEATH (CER: ursing Home 5 Residence Work? 1 YES 2 NO sectory, office	heck only one) 6 Other (Sp 28d. DESCRI 28f. LOCATIC City or R is to the cause(se time, date end	PERFORMED? YES 2 NO POORTY) BE HOW INJURY (ON (Street and Num Nown, State) and manner as a place, end due to	DOCCURED ber or Rural stated. the cause(D. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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PART II. Other significant condition LOWER G. C. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Sulcide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	HOSPITAL: 1 Nopetient 2 E 28a. DATE OF IN (Month, Dey, 28a. PLACE OF II building, etc. SICIAN: To the best of my IER: On the basis of sxen ER HO COMPLETED CAUSE 32. REGISTRAR:	R/Outpatient 3 1 SURY 21 Superity 21 NJURY — At home, c. (Specity) At knowledge, death nination and/or inventor and/or inv	DOA OTHER DOA 4 - NO BB. TIME OF INJURY M farm, street, fa occurred at the stigation, in my	25. PLACE OF DEATH (CER: ursing Home 5 Residence Work? 1 YES 2 NO sectory, office	heck only one) 6 Other (Sp 28d. DESCRI 28f. LOCATIC City or R is to the cause(se time, date end	PERFORMED? YES 2 NO POORTY) BE HOW INJURY (ON (Street and Num Nown, State) and manner as a place, end due to	DOCCURED ber or Rural stated. the cause(D. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

FEB 22 1990

32. REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPA CERTIF	RTMEN	F OF H	DEAT	AND I	MENTAL H	YGIENE EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		OCITI	IOAII		DEA		2. DATE OF I	DEATH		3. TIME OF DEATH			
	John L. Ly.	NCh						MONTH 2	DAY	90				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER	1	IF UNDER	-	7. DATE OF E	HRTH When	6. BIF	TTHPLACE (State or Foreign untry)			
	213 09 4804	1 M 2 🗆 F	YAS.	MONTHS	DAYS	HOURS	MIN.	200	- 1 m	13/1	ARYLAND			
-	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY	, TOWN	OR LOCATIO	ON OF DE	EATH	9c.	COUNTY OF	DEATH			
DIRECTOR	RESIDENCE OF DECEDENT													
EC	10a, STATE 10b. COUNTY		10c. CI	TY, TOWN	OR LOCAT	TION					10d. INSIDE CITY			
RIO	MARYLAND BAI	Timores	1	ARY	(VI)	115				1 VES 2 NO				
AL	10a. STREET AND NUMBER	T ANO NUMBER 101. ZIP CODE								10g. CITIZEN OF WHAT COUNT				
EB	2436 LAKE	acow	KOAD			212	131	+		U.	S.A.			
FUNERAL	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y						NIC ORIGIN? (S		o— 14. RA	ACE — American Indien, ack, White, atc.			
84	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES			25 NO				Sp	pecify:			
ED	15, DECEDENT'S EDUC		16a. DECEDENT	S USUAL O	CCUPATIO	ON		16b. KIN	D OF BUSINES	S/INDUSTRY	05(112			
Ш	(Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind a	work done use retired.)	during mo	st of workin	ng							
MPL	12 YRS.	_ = 1	Insu	RAG	320	A	720	T						
COMPL	17. FATHER'S NAME (First, Middle, Last)	1 11				18. MOTI	HER'S NA	ME (First, Middl	e, Maiden Surna	ame)	_			
B	JOHN F.	PLUCH					IAI	RGAI	427	BA	UER			
임	19a. INFORMANT'S NAME (Type/Print)	RECORDS	196. MAILIN	G ADDRES	S (Street a	and Number	or Rural	Route Number, (City or Town, Sta	ite, Zip Code)				
	200, METHOD OF DISPOSITION	KLORUS	20b. PLACE OF DISPO	DSITION (N	ame of cer	metery coan	netory or	BOV.	20c_LOCATIO	ON — City or	Town State			
	Burlal 2 Cremation 3 Ramo	val from Stata	Parki	1700	0	150	7:7	FRV	100	Kirl	15 (2)			
	21. SIGNATURE OF EUNERAL SERVICE LICE	ENSEE ()	1111111	22.	NAME A	ND ADDRE	SS OF FA	CILITY	- M	200	20).25			
	> 1.00 P	200		1 8	SVA	us c	44	LATT C	070	51.7	John III			
	23. PART I. Enter the diseasee, Dr co	omplicetione that cau	sed the death, Dp	not enter	r the mo	de of dy	Ing. suc	th as cardiec	or respirato	ry arrest.	Approximate			
	shock, or heart failure. L IMMEDIATE CAUSE (Final	lat only one dause o	n each line.							,	Interval Between Onset and Death			
	disease or condition resulting in death)	BACTER	AL DED	421.0	43						6 days			
	toauting in death)	DUE TO (OR	AL PERI	OF):							2014/3			
N	Sequentially list conditions,	Cirche	isis of	211	18.7						I month			
ATIO	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE					/ : .			3 NAVE			
E I	CAUSE (Disease or Injury that Initiated events	DUE TO (OR	TUDULA S A CONSEQUENCE	DF):	Per	051	5 - 1	CIVACI	7		30.493			
CERTIFICATION	resulting in death) LAST													
	PART II. Other elgolitecat conditions			1										
CAL	PART II. Other significant conditions (AIRCINOM)	4	low	in the u	nderlyln	g cauae i	given in		PERFORMED	?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
0	CARCINOM			,				1 [YES 2	No	DF DEATH?			
. ME	CHELINON	pr of in	WINIE					-			1 VES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PI	LACE OF 0	EATH (Ch	eck only one)						
SIC	EXAMINER?	HOSPITAL:	Outpetient 3 🗆 DOA	OTHE		ve 5 🗆 Re	esidence	6 Other (Sc	pacify)					
РНУ	27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Ye	RY 285. TI	-	28c. IN.	JURY AT			BE HOW INJUF	RY OCCURED				
8Y F	1 Natural 5 Pending 2 Accident Investigation	(World, Day, 10	"	M		YES 2	NO							
ED 8	3 Suicide 6 Could not be	28e. PLACE OF INJ building, atc. (URY — At home, ferm Specify)	, street, fac	ctory, offic	in.			N (Street and Nown, State)	lumber or Rur	ral Route Number,			
山山	4 Homicide determined													
1 4	000)	CIAN: To the best of my k												
COM	2 MEDICAL EXAMINED		ation and/or investigat	lon, In my	opinion, c	leath occu	red at the	time, date and	pleca, end du	e to the ceue	ne(e) and manner se stated.			
BE (296. SIGNATURE AND TITLE OF CERTIFIER	11				29c. LIC	ENSE NU	MBER			IED (Month, Day, Year)			
TO E	The meak	mis	AFATH MECHANICAL AND			1)0	105	50		2 -	14-90			
-	38. NAME AND ADDRESS OF PERSON WHO	CAUSE OF	DEATH (ITEM 27) (Typ	oe, Print)		-	, ,	2 1	,	0				

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the	the state of	E	1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. Of regain and mental hybring from Sound; of temporal, or services. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPAR				MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	0 ;	1				2. DATE OF DEATH MONTH	AY YE.	AR 3. TIM	E OF DEATH
	MARGARET	H. LOT	TERS	R			FEB 14	1990		M
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs	s. Inst birthday)	IF UNDER 1		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE	(State or Foreign
	21502 1205 1	1 M 2 M F RS. MONTHS DAYS HOURS MIN.							PARY	1000
	9s. FACILITY NAME (If not institution, give street	CILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH							OF DEATH	PITIO
<u>۳</u>	MAG BAGI		Rai	TIM	SARS					
DIRECTOR	RESIDENCE OF DECEDENT							1 200	111	TOIR
H	10a. STATE 10b. COUNTY 10c CITY, TOWN OR LOCATION								10d. I	NSIDE CITY
	PARYLAND BALT	PARYLAND BALTIMORE TARKYILLE							1 🗆	YES 27 NO
AL	10e. STREET AND NUMBER				10f. ZIP	CODE		10g. CITIZEN	OF WHAT C	OUNTRY?
E	7729 BAGLE	Y AVE.			12	1234		U.	S.A	
FUNERAL		. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	ARMED NO				NIC ORIGIN? (Specify Year, Pueno Ricen, etc.)	s or No- 14,	RACE - Am Black, White	ericen Indien,
BY F	Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES				NO Specif			Specify:	
								1	NHI	12
	15. DECEDENT'S EDUCATI (Specify only highest grade con		(Give kind of life, Do NOT of	work done d	CUPATION furing most of	worlding	16b. KIND OF BU	ISINESS/INDUST	RY	
Li	Elementery/Secondary (0-12)	College (1-4 or 5+)	ING. DO NOT	se reureu.)	100		C	001 (200	- 1 C
COMPLETED			24127		LK		920	KALL	マエク	06 60
8	17. FATHER'S NAME (First, Middle, Last)				16.	. MOTHER'S NA	ME (First, Middle, Malder	Sumame)	0.0	- 0 0
8	PORT TO	TIERER				HUU	112 2. M	HAL	77 ()	OKI
2	196. INFORMANT'S NAME (Type/Print)	- 000	196. MAILIN	G ADDRESS	(Street and N	Number or Rural	Route Number, City or Tox	vn, State, Zip Cod	le)	
		OROS		4C	<u>H</u> .	2 Mr	2015		-	
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove	from State	ACE OF DISPO	_	me of cemeter	ry, crematory or	0. /	OCATION — City	or Town, St	orte .
	4 Donation 5 Other (Specify)		ARKO	2000) TTU	15/2	RY ITE	KINIT	2	10_
	21. SIGNATURE OF FUNCTIVE SERVICE LICEN	SEE		22.1		S CHA		BUROR	231	
	- Warts DC	Nevas		3	220	11.	REORD 6	CAD -	PAR	3/11/2
	23. PART I. Enter the diseases, or con	plications that caused th	e death. Do	not enter			ch as cardiac or res	olratory arrest,		Approximete
	shock, or heart failure. Lis	t only one cause on each				4				Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	Metastali	c Bi	reas	t Ca	incia	iona		j	llyeans
	resulting in death) a	DUE TO (OR AS A CO	INSEQUENCE (DF):						1
-										
ERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE (OF):						
AT	cause. Enter UNDERLYING									
Ē	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CO	NSEQUENCE	OF):	-,					
R	resulting in deeth) LAST									
S	DARK III ON THE STATE OF THE ST									
AL	PART II. Other significant conditions of	contributing to delith out	not resulting	in the un	iderlying ca	ause given in		RMED?	AVAIL	AUTOPSY FINDINGS ABLE PRIOR TO
EDICAL					_		1 TYES	2 N O		PLETION OF CAUSE EATH?
ME							_		1 🗆	YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER		E OF DEATH (C	heck anly one)			
SI		☐ Inpetient 2 ☐ ER/Outpetie	ent 3 🗆 DOA	4 Nurs		5 KResidence	8 🗆 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF	28c. INJURY WORKS	AT	28d. DEŞCRIBE HOW	INJURY OCCUR	ED	
ВУ	1 Natural 5 Pending 2 Accident Investigation			M	1 YES	2 NO				
ED E	3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm	, street, fact	tory, office		28f. LOCATION (Stree City or Town, Stat	t and Number or I	Rural Floute N	lumber,
ETE	4 Homicide determined					2577				
12	29s. CERTIFIER (Check only	N: To the best of my knowledg	ge, death occu	rred at the t	ime, data and	d placs, and du	s to the cause(s) and m	enner as stated.		
COMPL	cool cony	On the basis of examination ar							euse(s) and	manner es atated.
	29b. SIGNATURE AND/TITLE, OF CERTIFIER	1		-	20	9c. LICENSE NU	IMBER	29d. DATE SI	IGNED (Mont	h. Day. Yearl
8	manhalla. 1	time				7178	73		3.15	
은	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (%	ne. Print)		DI , 0	1	1 121	0.10	HILL

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ha Davidson

4000 OLO
32. REGISTRAR'S SIGNATURE

OR. LEVIO 31. DATE FILED (Month, Day, Year) FEB 22 1990

ROAD

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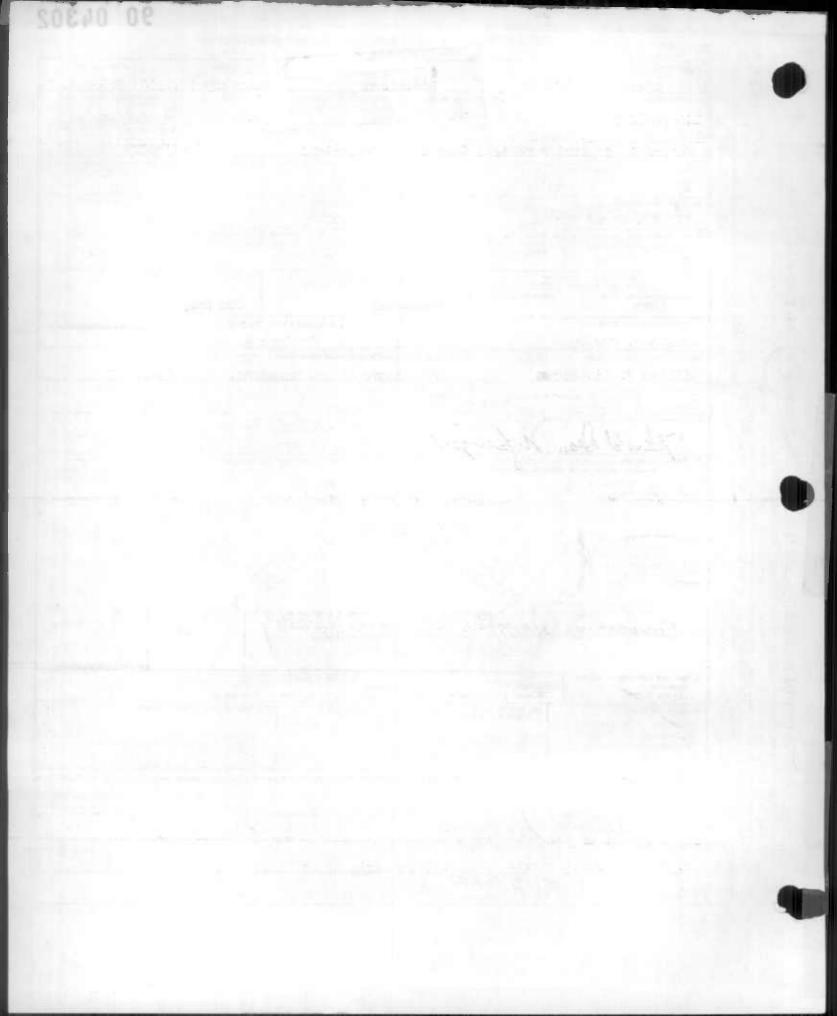
A DECEDENT'S MARKE (F)								_				
1. DECEDENT'S NAME (First, A	Middle, Last)			18				2. DATE (OF DEATH	٧	YEAR	3. TIME OF DEATN
Clara	Lo	uise		Lint	thicum				ruary	18,1	990	5:35 A.
4. SOCIAL SECURITY NUMBE	.R 5	S. SEX 6	. AGE (In yrs. It	ast birthday)	IF UNDER 1 YEAR		MIN.	7. DATE (Day, Year)		6. BIRT	NPLACE (State or Foreign try)
233-68-1289	1	□ M 2 X F	75	YRS.	MONTHS DATE	HOUNS		Apr.	24,191	4	Ma	ryland
9a. FACILITY NAME (If not inst	itution, give stree	ot and number)			9b. CITY, TOW	N OR LOCAT	ION OF DI	EATN		9c. COU	INTY OF I	DEATH
Memorial Ho	spital	& Medic	al Cen	ter	Cumb	erlar	nd			A11	egar	ıv
RESIDENCE OF DECE	10b. COUNTY				TY, TOWN OR LO							10d. INSIDE CITY
WV	Miner	- 1			Keyser							LIMITS?
10e, STREET AND NUMBER	HIHEL	aı			Teyser	10f. ZIP COD	Œ			10q. CIT	IZEN OF	WNAT COUNTRY?
281 St. Clo	and Str	oot				2672	26			TT.	S.A.	
11. MARITAL STATUS		2. WAS DECEDENT	EVER IN U.S. A	ARMED	13, WAS 0			NIC ORIGIN	? (Specify Yes		14. RAC	E — American Indian,
1 Never Married 2 h	Married	FORCES? 1 [IF YES, GIVE WA	YES 2 X			specify Cub ES 2 X NO			lican, etc.)		Spec	city: White
15. DECE	DENT'S EDUCAT	TION	18a. 0	DECEDENT'	'S USUAL OCCUP/ f work done during	ATION	ina	16b.	KIND OF BUS	INESS/IN	OUSTRY	
(Specify only Elementary/Secondary (0-1	highest grade co	College (1-4 or 5+)	- /	life. Do NOT	use retired.)	most or work	arry .					
10th				Home	maker			- (Own Ho	me		
17. FATNER'S NAME (First, Mic	die, Last)					18. MO	THER'S N	AME (First, A	fiddle, Maiden	Surname)		
Thomas P. Mu	urphy								. Cuff			
19a. INFORMANT'S NAME (Ty)				196. MAILIN	G ADDRESS (Stre	et and Numb	er or Rural	Route Numb	er, City or Town	n, State, Z	ip Code)	
William F. I		cum			Aspen 1							
20a. METNOD OF DISPOSITION 1 ★ Burlet 2 □ Cremation	DN n 3 🗆 Remov	al from State	other	place)	OSITION (Name of		ematory or					fown, State
4 Donation 5 Other	(Specify)		St.	Thom	as Ceme	Lery			Key	ser,	W.V	7a
21. SIGNATURE OF FUNERAL	. SERVICE LICE	1	800	,	Mar	KWOOD	MCKe	enzie	Funer	al H	Tome	
Theold	Hean	Rute	will		111	S. Mi	inera	al St	., Key	ser,	WV	26726
diseese or condition resulting in desth)	→ e.		QLA;	0120	ctory	Re	ilu	2				Onset end De
	diste NG ry c.	DUE TO (SEOUENCE		Ra	ilus	2				Onset end Di
resulting in desth) Sequentially list condition of the c	diste NG c. T d.	DUE TO (OR AS A CONS	SEOUENCE SEOUENCE ot resulting	OF): OF):	lying cause	o given i	In Part I.	1 TYES	RMED?	Y 2	Ab. WERE AUTOPSY FINDI AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
Sequentially list condition if any, leading to immediate ceues. Enter UNDERLYII CAUSE (Disease or injust that initiated evente resulting in death) LAST	diste NG c. T d. d. O MEDICAL	DUE TO (OR AS A CONS	SEQUENCE SEQUENCE of resulting	OF): OF): g in the underly t	lying cause	given II	in Part I.	1 TYES	RMED?	Υ 2	No. WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentially list condition of the condition of the course. Enter UNDERLYII CAUSE (Disease or injust that initiated evente resulting in death) LAST PART II. Other significant of the course of the c	diste NG c. T d. d. O MEDICAL	OUE TO (OR AS A CONSIDERAL CONS	SEQUENCE SEQUENCE ot resulting	OF): OF): OF): OF): OF): OTHER: 4 □ Nursing	lying cause	given II	in Part I.	PERFO 1 YES:	RMED? 2 III-NO		No. WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentially list condition of the condition of the course. Enter UNDERLYII CAUSE (Disease or injust that initiated evente resulting in death) LAST PART II. Other significant of the course of the c	diste NG c. T d. d. mt conditions	DUE TO (OR AS A CONSIDERAL OR AS A CONSI	SEQUENCE SEQUENCE SEQUENCE At resulting 3 □ DOAA 28b. 1	OF): OF): OF): OF): OTHER: 4 Nursing INJURY 28c	B. PLACE OF	DEATH (C	in Part I.	1 TYES	RMED? 2 III-NO		No. WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentially list condition of the condi	diste NG c. T d. d. O MEDICAL	DUE TO (DUE TO (CONTributing to (LULLA) MOSPITAL: 1 Tripetient 2 28s. OATE OF (Month, De	DR AS A CONSIDERATION OF AS A CONSIDERATION	SEQUENCE SEQUENCE of resulting 3 DOA 286. 1	OF): OF): g in the underline of the un	Nying cause Nying cause Nying cause B. PLACE OF Home 5 I NJURY AT WORK?	DEATH (C	in Part I. Check only o	PERFO 1 YES:	RMED? 2 IP-NO	OCCURED	No. WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PART II. Other signification in yes 2. WAS CASE REFERRED TO EXAMINER? 1 YES 2 ACCIDENT 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 ACCIDENT 1 Autural 5 ACCIDENT 2 ACCIDENT 3 Suicide 8	diste NG c. T d. d. To MEDICAL Pending	DUE TO (DUE TO (Contributing to (CONTRIBUTION 2 Brightlent 2 280. OATE OF ((Month), De 280. PLACE OI	DR AS A CONSIDERATION OF AS A CONSIDERATION	SEQUENCE SEQUENCE of resulting 3 DOA 286. 1	OF): OF): OF): OF): OTHER: 4 Nursing INJURY 28c	Nying cause Nying cause Nying cause B. PLACE OF Home 5 I NJURY AT WORK?	DEATH (C	Check only o	PERFO 1 YES:	RMED? 2 PNO INJURY C	OCCURED	No. WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
resulting in desth) Sequentially list condition of the control of	ont conditions O MEDICAL Pending investigation Could not be determined	DUE TO (DUE TO (Contributing to contributing to contributing to contributing to contributing to contributing to contribution to contributi	DR AS A CONSIDER AS A CONSIDER	SEQUENCE SEQ	OF): OF): OF): OF): OTHER: 4 Nursing TIME OF INJURY M 1 m, street, factory,	B. PLACE OF Home 5 WORK? YES 2	DEATH (C	in Part I. Check only o 6 Other 28d. DE	1 YES: 1 YES: 1 (Specify) SCRIBE HOW CATION (Street or Town, State	RMED? 2 PNO INJURY C	DCCURED ber or Run	No. WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
resulting in desth) Sequentially list condition of the c	ont conditions O MEDICAL Pending investigation Could not be determined	DUE TO (DUE TO (Contributing to contributing to contributing to contributing to contributing to contributing to contribution to contributi	DR AS A CONSIDER AS A CONSIDER	SEOUENCE SEOUENCE SEOUENCE ot resulting 1 3 DOA 28b. 1	OF): OF): OF): OF): OF): OTHER: 4 Nursing TIME OF INJURY M 1 m, street, factory, urred at the time,	B. PLACE OF Home 5 WORK? YES 2 Office	DEATH (C) Residence NO	in Part I. Check only o 6 Oth 28d. DE	1 YES: 1 YES: 1 (Specify) SCRIBE HOW CATION (Street or Rown, State	INJURY C	DOCCURED ber or Rura	Ab. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
resulting in desth) Sequentially list condition of the c	ont conditions O MEDICAL Pending investigation Could not be determined	DUE TO (DUE TO (Contributing to contributing to contributing to contributing to contributing to contributing to contribution to contributi	DR AS A CONSIDER AS A CONSIDER	SEOUENCE SEOUENCE SEOUENCE ot resulting 1 3 DOA 28b. 1	OF): OF): OF): OF): OF): OTHER: 4 Nursing TIME OF INJURY M 1 m, street, factory, urred at the time,	B. PLACE OF Home 5 WORK? YES 2 Office	DEATH (C) Residence NO	in Part I. Check only o 6 Oth 28d. DE	1 YES: 1 YES: 1 (Specify) SCRIBE HOW CATION (Street or Rown, State	INJURY C	DOCCURED ber or Rura	No. WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
resulting in desth) Sequentially list condition of the c	T d.	DUE TO (DUE TO (DUE TO (DUE TO (CONTributing to (CONTRIBUTION 1 DUE TO (DUE TO (CONTRIBUTION 1 DUE TO (DUE TO	DR AS A CONSIDER AS A CONSIDER	SEOUENCE SEOUENCE SEOUENCE ot resulting 1 3 DOA 28b. 1	OF): OF): OF): OF): OF): OTHER: 4 Nursing TIME OF INJURY M 1 m, street, factory, urred at the time,	lying cause S. PLACE OF Home 5 I INJURY AT WORK? VES 2 office date and pla on, death oc	DEATH (CResidence of the course of the cours	Check only o Check only o 28d. OE 28f. LOC PERFO 1 YES: (Specify) SCRIBE HOW CATION (Street or Town, Street use(a) and me	INJURY C	DCCURED ber or Rura stated.	Ab. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
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resulting in desth) Sequentially list condition of the control of	D MEDICAL Pending investigation Could not be determined TIFYING PNYSIC CICAL EXAMINER E OF CERTIFIER WHAT F PERSON WNO	DUE TO (DUE TO (DUE TO (DUE TO (CONTRIBUTION TO (DUE TO (D	DR AS A CONSIDER AS A CONSIDER	SEOUENCE SEOUENCE SEOUENCE SEOUENCE SEOUENCE SEOUENCE STORY STORY SEOUENCE	OF): OF): OF): Ig in the underly the un	bying cause B. PLACE OF Home 5 INJURY TO YES 2 office date and pla con, death occ	DEATH (C	Check only o	PERFO 1 YES: (Specify) SCRIBE HOW CATION (Street or Town, Street use(a) and me	INJURY C	DCCURED ber or Rura stated.	4b. WERE AUTOPSY FIND AWILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO 1/2 No 1/4 Route Number,
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

31. DATE FILED (Month, Day, EB 22 1990

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L. OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or in	that the medical as these 22 shows any injury or other trainmatic event the medical eventines must be notified
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	1 - FOR STATE OF MARYLAND / DEPARTMENT CERTIFICATE		ENTAL HYGIENE REG. NO.					
ETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) FRANK J. LOVEROE, SR. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1	YEAR IF UNDER 24 HRS.	2. DATE OF DEATH MONTH 7. DATE OF BIRTH (Month, Day, Year)		3. TIME OF DEATH M PLACE (State or Foreign			
	218 14 1039 1242 F 00 YRS.	DAYS HOURS MIN.	JOH 34 K	TAT COUNTY OF DE	RYLAND			
	9243 OLO HARFORO ROAD CA	BALT	22000					
	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION CAROES							
	9243 OLO HARFURO RUAD	101. ZIP CODE 2,1234	1	Og. CITIZEN OF W	A.			
	1 Never Merriad 2 Merried FORCES? 1 YES 2 NO If	AS DECENDENT OF HISPANIC yee, specify Cuben, Mexican, YES 2 NO Specify:		No — 14. RACE Black Specific	— American Indien, White, atc.			
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done di		16b. KIND OF BUSINI	ESS/INDUSTRY	MILE			
TO BE COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) SSLF SMP	-OWNER	ELECT	TRIC	Co.			
	17. FATHER'S NAME (First, Middle, Lest) JOHA ANTONIO LOVER		E (First, Middle, Maiden Sur L.A S	meme) IRRIC	A			
	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS 196. MAILING ADDRESS	Street end Number or Rural Ro	oute Number, City or Town, S	State, Zip Code)				
	20e, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State							
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CERTIFICATION	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter a shock, or heart failure. List only one was on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) APENO (ARCING MA FINAL DUE TO (OR AS A CONSEQUENCE OF): (R) Lung	Includia		Approximata intervel Batwean Onset and Daeth				
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Chronic obstructive Pulmunary Disease Typertension 1 yes 25000							
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
E	1 YES 2 NO 1 Inpettent 2 ER/Outpatient 3 DOA 4 Nursi 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY (Month, Day, Year) M	ng Home 5 Residence 8 28c. INJURY AT WORK?	Other (Specify) 28d. DEŞCRIBE HDW INJU	URY OCCURED				
B	2 Accident 3 Suicide 4 Homicide 5 PACE OF INJURY — At home, farm, street, factory, office City or Town, Street and Number or Rural Route Number, City or Town, State) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tire one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my or) and manner ee stated.			
B	29b. SONATURE NO TITLE OF CENTIMEN	DZ919	BER 2	FSC.	(Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO CONVLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	anklin.	Sough	OR	,			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		A V Free	VII.				
	FEB 22 1990 And Marida Bare							

DHMH-18 Rev 1/89

3. TIME OF DEATN

1990 7:45 P.M.

Bartimore, M.

1 YES 2 NO

White

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

George

31. DATE FILED (Month, Day, Year)

2

4. SOCIAL SECURITY NUMBER

METZGER

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

See A PACAGO PRODURY AND STATE AND HUMBER STATE AND HUMBE		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER 24 HRS.		OF BIRTH	000	S. BIRTHPLA	CE (Stete or F
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TITE DEPT. Balto To propose the proposed of t	TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e.	(Give kind of	work done o	CUPATIO	ON ast of working	16b	, KIND OF BU	SINESS/INDU	ISTRY	
190. NFORMANT'S NAME (PypePrint) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 190. MAILIN		Elementery/Secondary (0-12)	College (1-4 or 5	+)	Fi	reman			F	Fire De	ept. I	Balto.	City
William Metzger, Son 726 S. Marlyn Auve Balto., Md. 2] 221 20a. METHOD OF DISPOSITION 10 Burlel 2 Cremetion 3 Removal from State 4 Donaton 5 Other (Spechy) 21. SHONATURE 1 FUNERAL SERVICE LICENSES 22. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory street, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final deases or condition resulting in death) LAST 23. PART I. Enter the diseases, Dr complications that cause on each line. IMMEDIATE CAUSE (Final deases or condition resulting in death) LAST Due to (or as a consequence of):	w		Vetzger					11103 - 12213 1120					
12 Burlet 2 Cremetion 3 Removal from State Sacred Heart of Jesus Baltimore Code	- 1		Son										
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23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiretory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Severe Congestive Heart Failure Secondary to Cardiac Due to (or as a consequence or): Due to (or as a consequence or): Renal Insufficiency Due to (or as a consequence or): Hepatic Congestion CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 28b. DATE OF INJURY 1 Natural 5 Pending Investigation 29b. DATE OF INJURY 28c. DATE OF INJURY 1 YES 2 NO 28c. DATE OF INJURY 28d. DATE OF INJURY 1 YES 2 NO 28d. DATE OF INJURY 28d. DATE OF INJURY 1 YES 2 NO 28d. DATE OF INJURY 28d. DATE OF INJURY 28d. DATE OF INJURY 28d. DATE OF INJURY 1 YES 2 NO 28d. DATE OF INJURY 28d. DATE OF INJURY 28d. DATE OF INJURY 28d. DATE OF INJURY 1 YES 2 NO 28d. DATE OF INJURY 28d. DATE OF INJURY 28d. DATE OF INJURY 28d. DATE OF INJURY 1 YES 2 NO 28d. DATE OF INJURY 28d. DATE OF INJURY 28d. DATE OF INJURY 28d. DATE OF INJURY 1 YES 2 NO 28d. DATE OF INJURY 1 YES 2 NO 28d. DATE OF INJURY 1 YES 2 NO 28d. DATE OF INJURY 28d. DATE OF INJURY 28d. DATE OF INJURY 28d. DATE OF INJURY 1 YES 2 NO 28d. DATE OF INJURY 28d. DATE OF INJURY 28d. DATE OF INJURY 1 YES 2 NO 28d. DATE OF												3. 212	
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2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s)	COMPLET	(Check only CERTIFYING PNYS											nd menner ne
296. LICENSE NUMBER 296. LICENSE NUMBER N/A 296. DATE SIGNADO	ш							29c. LICENSE NU					

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Fring)

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH MONTH DAY

20

10g. CITIZEN OF WNAT COUNTRY? USA 14. RACE — American Indien, Black, White, etc.

February

d. 21221 CATION — City or Town, State ltimore Co., Md. ne PA Balto., Md. 21221 iretory srrest, **Approximate** interval Batwean **Onset and Death** Cardiac ation 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION DF CAUSE DF DEATN? NO 1 YES 2 NO INJURY OCCURED and Number or Rural Route Number, ner ee stated. 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner se stated. Maria-Teresa David, M.D. 9000 Franklin Square Drive, Baltimore, Maryland 21237 DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

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1. DECEDENT'S NAME (First, Middle, Last)				CERTIFICATE OF DEATH							YEAR	3. TII	ME OF DEAT	
4. SOCIAL SECURITY NUMBER		Alma Lee 5. SEX 6. AGE (In yrs.		MOORE			February 7. DATE OF BIRTH,		20, 1990			2:35		
215 24 2773	in	1 M 2 XF	81	YRS.	MONTHS DAYS		IF UNDER 24	MIN.	NOV Day, 26		1908		enthplace (State or For	
9a. FACILITY NAME (If not institution, give street and number)							R LOCATION	OF DE	EATH 9c. COUNTY					
Franklin Sq. Hospital				Rossville					Baltimore			re I	County	
	10b. COUNTY	altimore		10c. CITY, TOWN OR LOCATION								INSIDE CITY LIMITS? YES 2 X		
10e. STREET AND NUMBER				101. ZIP CODE				-	10g. CITIZEN OF WH				OUNTRY?	
1567 Alconbury Rd.				21221			US			SA				
II. MARITAL STATUS Naver Merried Married Married			YES 2	NO If yes, specify Cuban, Maxican, Pu			n, Puarto Rican				marican India a, atc. White			
15. DECEDENT'S EDUCATION (Specify only highest grade completed)				n. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIN	D OF BUS	INESS/INE	DUSTRY				
Elemantary/Secondery (0-12) College (1-4 or 5+)			He. Do NOT u	Do NOT use retired.) Housewife				Н	ome					
17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surname)							-							
John U. Pike Martha						tha Rowzee								
Gloria Kidd		abten		196. MAILING	ADDRESS	(Street ar	Ot.	Rural A	n Bern	ity or Town	, State, Zip	2106	1	
20a. METHOD OF DISPOSITIO	ON 3 🗆 Rame		other	E OF OISPO	SITION (Nar	me of cem	etery, cremai	tory or		20c. LOC	CATION —	City or T	own, St	, Md.
21. SLEWATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Old Eastern Ave. Balto., Nd. 212										Da.		010	~~ =	0 4 754 11
Munic	1/2	Melez	lyin	ki	22. r	uzd 1407	old	of F Eas	tern A	Homve.	e PA Bal	to.,		
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31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Theodore Stephens, M.D. 9000 Franklin Square Dr., Balto., 21237 32. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH	1	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Lest) Roas Pearl Munford	2. DATE	of DEATH . 19, DAY 199	9,041990 YEAR						
TOR	266 42 3389 1 M 2 DEF 91 VAS.	Marc Marc	n 2, 1898	s. BIRT	Ch Carolina					
	9e. FACILITY NAME (If not institution, give street and number) MERCY Hospital Baltimore Besidence of Decement	OF DEATH	9c. C	OUNTY OF	DEATH					
FUNERAL DIRECTOR	Maryland Baltimore Middle River		10d. INSIDE CITY LIMITS? 1 YES YOU NO							
ERAL	100. STREET AND NUMBER 1510 Aldeney Ave. 212:	20	10g. (USA	WNAT COUNTRY?					
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 12. Was DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 90 If yes, specify Cuben, N If yes, specify Cuben, N If yes, specify Cuben, N If yes, 2 NO 3		Blad	CE — American Indian, ck, White, etc.						
BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) UNKNOWN 180. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Machine Operator 160. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Machine Operator									
			Massey	e)						
TO B	196. INFORMANT'S NAME (Type/Print) Narion Munford, Son 1510 Aldeney Ave.			zip Code) 21220						
	20e. METNOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Removal from State 4 Department of Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremator) Garage State Of Faith	ory or	Baltim	- City or T	lown, State MC •					
(21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Old Eastern Ave. Balto., Md. 21221									
	23. PART I. Enter the diseases, prompfications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other aigniticant conditions contributing to death but not resulting in the underlying cause give	en In Part I.	24e. WAS AN AUTOP	SY 24	b. WERE AUTOPSY FINDINGS					
: MEDICAL	MYU(ARD,A(INFARCTION PERFORMED? SFIZURT) PERFORMED? AMALABLE PRIOR TO COMPLET NO F CAUSE DE DEATH? 1 yes 2 no									
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Output lent 3 DOA 4 Nursing Name 5 Reddence 8 Other (Specific)									
ВУ РНУ	27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Dey. Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED									
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281. LOCA City (ATION (Street end Num or Town, State)	nber or Rural	- Route Number,					
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred.				(e) end manner ee stated.					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENS 0/9	SE NUMBER	29d.	DATE SIGNE	D (Month, Day, Year)					
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									

BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician and completely filed in by the funeral director, page 5 should be detached for use as the befiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FEB 22 1990 John Karison Porte

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JIMES	OULS	lem

		CERTIF	ICATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) EDWARD H.	- /	77-			2. DATE O	F DEATH DAY	YEAR 3	TIME OF DEATH
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		10	ACE (State or Foreign
213-52-9086	1 M 2 🗆 F	40 YRS.	MONTHS DAYS	HOURS MIN.	(Month,	6-49	Country)	No.
9a. FACILITY NAME (If not institution, give	street and number)		0	OR LOCATION OF DE		9c. C	OUNTY OF DEA	TH
STELLA MARIS	HOSPICE		BA.	JIMORE			BALT.	6.
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TV	10c CII	TY, TOWN OR LOCA	ATION			1.	od. INSIDE CITY
								LIMITS?
M D.			Baltimor	e cope		400	CITIZEN OF WH	YES 2 NO
	Α		, n		,	109.		
2812 Christopher	AVENUE	MILLO ADDRESS	40 400 00	2121			U.S.A	
1 Naver Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR I	2 NO	If yes, a	pecify Cuban, Mexica S 2 NO Specif	en, Puerto Ric		Bleck, 1 Specify:	American Indian, White, etc.
15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. F	IND OF BUSINESS	INDUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	work done during m ise retired.)	ioat or working				
		Engine	er			W.B.A.	L. T.V.	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Mic	ddle, Malden Surnam	e)	
EDward H. Mest	er Jr.			A	nnabe:	l H. Wal	trup	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	The second second		And the second	
Edward H. Mes	ter Jr.	1304	E. Cold	Spring	Lane 1	Baltimor	e.Md2	21239
20a. METHOD OF DISPOSITION	20	Ob. PLACE OF DISPO				V	— City or Town	
1X Burlal 2 ☐ Cremation 3 ☐ Rar 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	Parkwoo	od Cemet	erv			Baltimo	re.Md.
21. SIGNATURE OF FUNERAL SERVICE L	ICENHEL	1		AND ADDRESS OF FA	CILITY			
▶ Kathleen	h- huyo	Ly	John	C. Mille:	r, Ind		BElair . Md	
disease or condition resulting in death)	a. A / DS	A CONSEQUENCE O	DF):					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c	A CONSEQUENCE O						
that initiated events	DOL TO TON MS							
that initiated events resulting in death) LAST	d							
that initiated events	d	but not resulting	in the underlyi	ng cause given in		24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO		NERIE AUTOPSY FINDRI MALLABULE PRIOR TO COMPLETION OF CAUS OF DEATHY
PART II. Other significant condition	ona contributing to death	but not resulting	26. f	ng cause given in		PERFORMED?		MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
that initiated events resulting in death) LAST PART II. Other significant conditions the significant	d		26. F	PLACE OF DEATH (C/	heck only one)	PERFORMED?		MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	□ DOA 28b. T/M	25. I OTHER: 4 Nursing Ho ME OF 28c. III	PLACE OF DEATH (Cr	heck only one)	PERFORMED?	HOSPIC	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 296. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 E Out (Month, Deg) 26e. PLACE Of INJUNION DEGREE (Month) Degree (Month	29b. Till IN	25. F OTHER: 4 Nursing Ho ME OF	PLACE OF DEATH (C/r yme 5	6 Other 26d. DESC 281. LOCA City or	PERFORMED? 1 YES 2 NO (Specify) RIBE HOW INJURY FION (Street and Nurr Rown, State)	HOSPIC OCCURED	MANLABUE PRIOR TO COMPLETION OF CAUS OF DEATH! VES 2 NO
that initiated events resulting in death) LAST PART II. Other significant conditions and the significant conditions are significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 E Contributing to death 26e. DATE OF INJURY (Month, Day) 26e. PLACE OF INJURY building, with 1	29b. Till IN	25. F OTHER: 4 Nursing Ho ME OF	PLACE OF DEATH (Cr yme 5	28d. DESC 28d. LOCA City or	PERFORMED? 1 YES 2 NO (Specify) FRIBE HOW INJURY FROM, Street and Nurr From, State) e(s) and manner as and place, and dual	HOSPIC OCCURED OCCURED Stated.	MALLABLE PRIOR TO COMPLETION OF CAUS OF DEATH? OF YES 2 NO VIES 2
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 E Contributing to death 26e. DATE OF INJURY (Month, Day) 26e. PLACE OF INJURY building, with 1	29b. Till IN	25. F OTHER: 4 Nursing Ho ME OF	PLACE OF DEATH (C/r yme 5	28d. DESC 28d. LOCA City or	PERFORMED? 1 YES 2 NO (Specify) FION (Street and Num Town, State) e(a) and manner see and place, and dual	HOSPIC OCCURED OCCURED Stated.	MANLABUE PRIOR TO COMPLETION OF CAUS OF DEATH! VES 2 NO
that initiated events resulting in death) LAST PART II. Other significant conditions and the significant conditions are significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation and Secretary Investigation determined. 2 Accident Investigation determined. 29a. CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE (Check only one) MEDICAL EXAMIN 29b. SIGNATURE AND TITLE (Check only one) MEDICAL EXAMIN 29b. SIGNATUR	HOSPITAL: 1 Inpetient 2 End (Month, Day) 25e. PLACE Of Industrial Street Control of the Daylor of	DOA 28b. T/li IN — At home, farm, c/h/) w/edge, death occur ion and/or investigati	26. f OTHER: 4 Nursing Ho ME OF 28c. if JURY M 1 street, factory, off	PLACE OF DEATH (Cr yme 5	28d. DESC 28d. LOCA City or	PERFORMED? 1 YES 2 NO (Specify) FRIBE HOW INJURY FROM, Street and Nurr From, State)	HOSPIC OCCURED OCCURED Stated.	MALLABLE PRIOR TO COMPLETION OF CAUS OF DEATH? OF YES 2 NO VIES 2
that initiated events resulting in death) LAST PART ii. Other significant conditions and the significant conditions are significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation and Suicide 6 Could not be determined determined. 29e. CERTIFIER (Check only one) 2 REDICAL EXAMIN	HOSPITAL: 1 Inpetient 2 End (Month, Day) 25e. PLACE Of Industrial Street Control of the Desire of Carminant (IER)	DOA 28b. T/li IN — At home, farm, c/h/) w/edge, death occur ion and/or investigati	26. f OTHER: 4 Nursing Ho ME OF 28c. if JURY M 1 street, factory, off	PLACE OF DEATH (Cr yme 5	28d. DESC 28d. LOCA City or	PERFORMED? 1 YES 2 NO (Specify) FION (Street and Num Fown, State) e(a) and manner see and place, and dual	HOSPIC OCCURED OCCURED Stated.	MALLABLE PRIOR TO COMPLETION OF CAUS OF DEATH? OF YES 2 NO VIES 2

BALTIMORE, MARYLAND 21203-3146 rours after death. Page 6 may be retained by the hospital or attending prod in by the funeral director, page 5 should be detached for use as the by TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 me. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or IMPORTANT: It Item 28 is marked, or Item 23 shows any Intury or which the state Dept. or Annual Annual Hygiene prior to bunal, cremation, or DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta		TANT: It is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
d in by the	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	medical
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	1 - STATE REGISTRAR	STATE UF MARYLA		ICATE O			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	, / ;					2. DATE OF DEATH			TIME OF DEATH
	Thelma Mat	thew 5					02 / 9	9	YEAR	5:20 PM
	4, SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	-		7. DATE OF BIRTH	8	BIRTHPLA	ACE (State or Foreign
	212 22 0869	1 M 2 X F 59	YRS.	MONTHS DAYS	HOURS	MIN	(Month, Day, Year) 8/1/30		Country)	3 -
	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWI	OR LOCATION	OF DEA		9c. COUNT		
OH	Mercy Hospital			Balt:	imore					
5	RESIDENCE OF DECEDENT		1 0 00							
DIRECTOR	Md.		Ba	T TOWN OR LOCAL TEMPO	re					d. INSIDE CITY LIMITS? YES 2 NO
AL	10e, STREET AND NUMBER				101. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
EH	328 N. Bruce	St.			212	223		U	J.S. 2	Α.
BY FUNERAL	11, MARITAL STATUS 1 Never Married 2 Married Wildowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? t YES IF YES, GIVE WAR OR DAT	2 XNO	If yea,		Maxican,	C ORIGIN? (Specify Yas , Puarto Ricen, etc.)		Specify:	American Indian, Thita, etc.
ED	15. DECEDENT'S EOU (Specify only highest gred	JCATION e completed)	18a. OECEOENT'S	USUAL OCCUPA work done during	TION		16b. KIND OF BUS	INESS/INOUS	STRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	most or working		Heal	th		
ON	17. FATHER'S NAME (First, Middle, Last)			-10	16. MOTHE	R'S NAM	IE (First, Middle, Maiden :	Sumame)		
ш	William	Heard			Zel	Lma	Da	avis		7
TO B	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street	et and Number o	r Rural Ro	oute Number, City or Town	, State, Zip C	ode)	
-	Revander	Matthews					. Balto.			
X	20a. METHOD OF DISPOSITION ☐ ☐ Burlal 2 ☐ Cremation 3 ☐ Rar 4 ☐ Donation 5 ☐ Other (Specify)	noval from State 20b.	PLACE OF DISPO other place) Arbuti		cemetery, cremat	tory or		alto.		Steta
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	ALDUC		AND ADDRESS	OF FAC		1100		
	Names a	· mortan					rton & So			
	23. PART I. Enter the disasses, or						s St. Ba			. 21217
	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition	List only one cause on es	ch line.				as caldiac of lespi	etory arres	, ,	Intervel Between Onset and Death
	resulting in deeth)	s. Myocara	CONSEQUENCE C	wfore	ron.					1 days
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CERTIFICATION	Sequentially list conditions, If any, leading to immediate									
CAI	cause. Entar UNDERLYING CAUSE (Disease or Injury	cause. Enter UNDERLYING								
트	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
ER	resulting in death) LAST	d								
	PART II. Other algnificant condition	ons contributing to deeth bu	it not resulting	in the underly	ing ceuse gly	ven In F	Part I. 24s, WAS AN	AUTOPSY	24b. WI	ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	13 1 1	Scular acci			ema	,	PERFOR 1 YES 2		OF	MILABLE PRIOR TO DMPLETION OF CAUSE F OEATH? YES 2 NO
AN	25 WAS CASE DESERVED TO MEDICAL	1			21 105 15 15					
SICL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetiant 2 ER/Outpe		OTHER:	PLACE OF OE					
HYS	27, MANNER OF OEATH	28a, DATE OF INJURY	28b. Til	_	INJURY AT	idence (8 Other (Specify) 28d. DESCRIBE HOW II	JURY OCCU	IREO	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY	WORK? YES 2	NO				
COMPLETED B	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY - building, etc. (Specil	At home, farm,	street, factory, or	ffice		281. LOCATION (Street & City or Yown, State)	nd Number o	r Rural Rout	te Number,
PLE	29a. CERTIFIER (Check only	SICIAN: To the best of my knowle	edge, death occur	red et the time, d	ata and place, s	and due t	to the cause(a) and mar	ner aa steted	i.	
OM	ana)	IER: On the basis of examination	and/or investigati	on, in my opinior	, death occure	d at the t	time, deta and place, an	d dua to the	cause(a) ar	nd manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFI	ER /			29c. LICEN	ISE NUM	BER	29d. DATE	SIGNED (M	onth, Day, Year)
TO B	Huce W.	Lee M.D.						12/	19/	90
Par	Mercy Hospe	tal	TH (ITEM 27) (Typ	e, Print)					Č	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE							

FEB 22 1990 Julia Savidson-Randon

DHMH-16 Rev 1/89

1	•	FOR STATE REGISTRAR
1	•	

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. liest birthday) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. COUNTY OF DEATH 10e. STATE 10e. COUNTY 10e. STATE 10e. COUNTY 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT CO 11. MARITAL STATUS 11. MONTH 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — Am 16. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Specify reventional) 16. KIND OF BUSINESS/INDUSTRY	INSIDE CITY LIMITS? YES 2 N NO COUNTRY?
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vts. lest birthday) 96. FACILITY NAME (If not institution, give street and number) 96. FACILITY NAME (If not institution, give street and number) 96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 97. DATE OF BIRTH (Month, pay, hear) 98. COUNTY OF DEATH 98. COUNTY OF DEATH 98. CITY, TOWN OR LOCATION OF DEATH 98. CITY, TOWN OR LOCATION 109. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT CO 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- Black, White Specify: 14. RACE — Am- Black, White Specify: 15. OECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 169. KIND OF BUSINESS/INDUSTRY	(State or Foreign
2 8 - 2 C S / D 2 1 M 2 D S YRS. MONTHS DAYS HOURS MIM. (Month, Pay, 16ad) 3 ARY 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH SC. COUNTY OF DEATH BALT IN O LC, MD D. COUNTY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. II 10d. II 10d. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT CO 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED IT yes, apecify Cuban, Maxican, Puerto Rican, atc.) 13. WAS DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY	MOLE INSIDE CITY LIMITS? YES 2 M NO COUNTRY?
9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. COUNTY OF DEATH 9c. COUNTY OF DEATH 10d. If No I was DECEMBERT OF HISPANC ORIGIN? (Specify Yee or No— If No I was part of If yee, appectly Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBERT OF HISPANC ORIGIN? (Specify Yee or No— If yee, appectly Cuban, Maxican, Puerto Rican, etc.) 11. Was DECEMBERT OF HISPANC ORIGIN? (Specify Yee or No— If yee, appectly Cuban, Maxican, Puerto Rican, etc.) 11. Was DECEMBERT OF HISPANC ORIGIN? (Specify Yee or No— If yee, appectly Cuban, Maxican, Puerto Rican, etc.) 12. Was DECEMBERT OF HISPANC ORIGIN? (Specify Yee or No— If yee, appectly Cuban, Maxican, Puerto Rican, etc.) 13. Was DECEMBERT OF HISPANC ORIGIN? (Specify Yee or No— If yee, appectly Cuban, Maxican, Puerto Rican, etc.) 14. RACE — Ammerican	MOLE INSIGE CITY LIMITS? YES 2 NO COUNTRY?
RESIDENCE OF DECEDENT 10e. STATE 10e. CITY, TOWN OR LOCATION 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT CO 11. MARITAL STATUS 11. MARITAL STATUS 11. Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11. YES 2 DNO 11. Wes, aspectly Cuban, Maxican, Puerto Rican, atc.) 12. WAS DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Specify use patient) 16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Specify use patient) 16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)	INSIDE CITY LIMITS? YES 2 N NO COUNTRY?
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. II 10c. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT CO 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INSIDE CITY LIMITS? YES 2 N NO COUNTRY?
106. STREET AND NUMBER 106. STREET AND NUMBER 107. ZIP CODE 108. CITIZEN OF WHAT CO 108. ZIP CODE 109. CITIZEN OF WHAT CO 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1	YES 2 NO COUNTRY?
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT CO 2 10 3 4 11. MARITAL STATUS 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED 11. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, White Specify: Usual, Maxican, Puerto Rican, etc.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY	COUNTRY?
3 0 3 0 RTHW 10 RO D 11. MARITAL STATUS 1 Never Married 2 Married 12. Was DECEDENT EVER IN U.S. ARMED 13. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — Am Black, White 15. OECEDENT'S EDUCATION 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. Del NOTION 16	nerican Indian.
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) Black, White 3 Wildowed 4 Divorced If YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Rican, etc.) Black, White Specify: Spe	serican Indian,
1 Never Married 2 Married 2 Married 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: 15. OECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give refined) 16b. KIND OF BUSINESS/INDUSTRY	
15. OECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of working and end during most of working) (Bit Do NOT use reliefed.)	e, artic
(Specify only highest grade completed) (Give kind of work done during most of working	TE
Elementary/Secondary (0-12) College (1-4 or 5 +)	
8 YRS. SUP. OF HOUSE KEIPING STATE OF PA	1RY Lanc
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	
ARTHUR MEISSER ALICE V. SPENCER	
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
20a, METHOD OF DISPOSITION 20b, PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c, LOCATION — City or Town, Sta	eta
13 Buriel 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify)	114
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY OF TEMORIES 23. NAME AND ADDRESS OF FACILITY OF TEMORIES	
	-116
23. PART I. Enter the diseases, or complications that baused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,	Approximata
shock, or heert fellure. Liet only one cause on each line.	interval Between Onset and Dea
disease or condition resulting in death)	
DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions,	
If any, laading to immediata cause, Enter UNDERLYING	
CAUSE (Diseese or Injury that initiated evente Due to (OR AS A CONSEQUENCE OF):	
resulting in death) LAST	
PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE	AUTOPSY FINDING
ASUTE RENAL FAILURE PERFORMED? MALLINE	ABLE PRIOR TO PLETION OF CAUSE
1 VES 2 NO OF OE	EATH?
	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF GEATH (Check only one)	
EXAMINER? 1 YES 2 NO HOSPITAL: 1 OTHER: 4 Nursing Home 8 Residence 8 Other (Specify)	
27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO	
1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO	
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	lumber,
29e. CERTIFIER	
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dash occurred at the time, date and place, and due to the cause(a) end manner ea stated.	manner so stated
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month)	
June 30263 > 2-14-9	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX

IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

FEB 22 1990

32. REGISTRAR'S SIGNATURE

attending physician. 21203-3146

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HE H	THE F	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re-illed to the second of the most personal properties of the second of t	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be remitted to TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mund security filled in by the funeral director, page 5 mund be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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GEOVEGE

31. DATE FILED (Month, Day, Year)

FFR 22 1990

3	1. DECEDENT'S NAME (First, Middle, Last)	4		n.	ART	IN		2.	DATE OF DEATH / DATE OF DEATH / DATE		990	3. TIME OF OEATH A
	4. SOCIAL SECURITY NUMBER	5. SEX 1 X M 2 F	8. AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YE		DER 24 HR		DATE OF BIRTH (Month, Day, Year) 3/29/36		Count	HPLACE (State or Foreign try) VIRGINIA
	9e. FACILITY NAME (If not Institution, give :		9b. CITY, TO	N OR LOC	ATION OF	DEATH			UNTY OF	DEATH		
5		WASHINGTON COUNTY HOSPITAL								WF	154	ING TON
DIMECTOR	10e. STATE 10b. COUNT	TNGTON	NGTON HAGERSTOWN									10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	IIA	CLASIC	101. ZIP C	ODE			10g. Cl	TIZEN OF	WHAT COUNTRY?		
L'A	806 WASHINGTON A	VE.				2	1740				U.S.	Α.
BY FUNERAL	1. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	IT EVER IN U.S. ARI YES 2 NATES		If ye		uben, Me	dean, Pi	ORIGIN? (Specify Yes uerto Ricen, atc.)	or No —	Spec	E — American Indian, k, While, etc. city:
COMPLEIED	15, OECEOENT'S EOL (Specify only highest grade Elementary/Secondary (0-12)		(Gh	ve kind of	USUAL OCCU work done during se retired.)	ATION most of w	orking		16b, KINO OF BUS			4
2	17. FATHER'S NAME (First, Middle, Last)			-		10. N	OTHER'S	NAME (DEPT.			5
0	EDWARD MARTIN						BEU	LAH	B. DIVE	VTL	ISS	
2	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS (St	et and Nur			Number, City or Tow			
	JODI WHETZEL RT 5 BOX 444, HAGERSTOWN, MD. 21740											
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)											
	21. SIGNATURE OF F INERAL SERVICE LICENSEE 2. 21. 40 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD, BALTO., MD. 21201											
	23. PART I. Enter the diseases, or shock, or heart fellure.				not enter the	mode of	dying,	nuch as	s cerdlec or respi	Iratory a	rreet,	Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)				ROT	e	CA	RI	DIOVA.	sei	LA	Onaet and Dea
N	OUE TO (OR AS A CONSEQUENCE OF): DLSEASE											
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	CHE	O OR AS A CONSECUTION OF A	12	ENA	4	FAI	120	PE			7 YEAR
	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
MEDIC	EXAMINER?	1 Nest 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 1NJURY AT WORK? WORK?										
בחב	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE O	F INJURY Day, Year)				2 NO					
THEORY, MEDIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending	28s. DATE O (Month,	F INJURY Day, Ybar) OF INJURY — At ho, etc. (Specify)	IN	M 1	YES	2 NO		t. LOCATION (Street City or Town, State)		er or Rural	Route Number,

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MILIC, M.D., - 40 MANOR DR# 103 - HAGERS

32. REGISTRAR'S SIGNATURE

DHMH-16 Flav 1/89

MD.2 760

BALTIMORE, MARYI AND 21203-3146

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ATTENDIN	ECTOR: After	rs after de	m 28 is i
OR ATTENDIN	HRECTOR: After	ours after dea	em 28 ls r
OR ATTENDIN	DIRECTOR: After	hours after dea	item 28 is i
AL OR ATTENDIN	AL DIRECTOR: After	72 hours after dea	If item 28 is a
PITAL OR ATTENDIN	RAL DIRECTOR: After	72 hours after dea	F. If item 28 is a
SPITAL OR ATTENDIN	NERAL DIRECTOR: After	hin 72 hours after dea	NT: If item 28 is
HOSPITAL OR ATTENDIN	UNERAL DIRECTOR: After	vithin 72 hours after dea	ANT: If item 28 is
HOSPITAL OR ATTENDIN	FUNERAL DIRECTOR: After	within 72 hours after dea	PTANT: If item 28 is
HE HOSPITAL OR ATTENDIN	HE FUNERAL DIRECTOR: AM	led within 72 hours after dea	ORTANT: If item 28 is
THE HOSPITAL OR ATTENDIN	THE FUNERAL DIRECTOR: AM	filed within 72 hours after dea	IPORTANT: If item 28 is
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner musefibe

											120.110.			
	1. OECEOENT'S NAME (First	t, Middle, Lasi)	E. MA	CHIN	. Sr.					2. DATE OF MONTH	OEATH DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. I		IF UNDE	ER 1 YEAR	IF UNDER	24 HRS,	7. DATE OF	BIRTH		6. BIRTI	IPLACE (State or Foreign
	217-05-6923		1 🔀 M 2 🗌 F	73	YRS.	MONTHS			MIN.		29716		Ma	ryland
	9a. FACILITY NAME (If not in					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT				NTY OF DEATH				
5	St. Agnes H		1			Baltimore, Maryland				Baltimore				
2	RESIDENCE OF DE	10b. COUNTY	r		10c. CI1	ry, TOWN	OR LOC	ATION				104 INCIDE CITY		10d. INSIDE CITY
DIMECTOR	Maryland	Balti	more		Ar	Arbutus							LIMITS?	
4	10e. STREET AND NUMBER	1					1	lot. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	1252 Poplar	Ave.	Arbutus,	Maryla	nd 21227				USA					
5	11. MARITAL STATUS		12. WAS DECEOE!	T EVER IN U.S. A		13				IIC ORIGIN? (S		or No-	14, RACI	E — American Indian, k, White, atc.
R	1 Never Married 2 2 3 Widowed 4 Dive		IF YES, GIVE	MAR OR DATES 43-11/1				ES 2X NO			, 2.0.,		whi	tty:
ED		CEDENT'S EDU	CATION	16a. E	ECEOENT'S					16b. KI	ND OF BUS	INESS/IN	DUSTRY	
LL LL	(Specify on Elementary/Secondary (ly highest grade 0-121	College (1-4 or 5	- 15	Give kind of fe. Do NOT u	work done ise retired.	during r	most of workli	ng					
7	12				paint	er				Cit	y Go	vern	ment	
COMPL	17. FATHER'S NAME (First, A	Aiddle, Last)						16. MOT	HER'S NA	ME (First, Mide				
BEC	Clarence Ma	chin						Fa	nnie	King				
	19a. INFORMANT'S NAME (Type/Print)			9b. MAILIN	G ADDRE	SS (Stree	t and Numbe	r or Rural I	Route Number,	City or Town	n, State, Zi	p Code)	
2						AG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Poplar Ave. Arbutus, MD 21227								
	20g METHOD OF DISPOSIT	on 3 🗌 Rem	oval from Stata	20b. PLAC	e of dispo	Park	Vame of o	meter, crer	natory or				city or To	own, State
	21. SIGNATURE OF FUNER		CENSEE	1	0	22	. NAME	AND ADDRE	SS OF FA	CILITY Amb	rose	Fun	eral	Home, Inc.
	fort	0	T(-	de.	1	.328	Sulp	hur	Spring	Rd.	Arb	utus	, Md 21227
CERTIFICATION	shock, or heart failure. Liet only one cause on each line. HMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST List racy on each line. List racy on each line. List only one cause on each line. List one cause on each line. List only one cause on each line. List only one cause on each line. List on each line on each line on each line. List on each line on each line. List on each line on each line. List on each							Interval Between Onset end Death						
	DART II Other elgolile	ant condition	d.	of ath his are		1.0				0.41				
: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO							241	Merical Tripsy Findings AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO					
A	25. WAS CASE REFERRED	TO MEDICAL					20.	PLACE OF C	EATH (Ch	eck only one)				
2	EXAMINER?		HOSPITAL:	ER/Outpetient	3 DOA	OTHE	ER:			6 Other (5	Panally)			
Y PHYSICIAN:	/-	Pending investigation	28a. OATE O		28b. Til		28c. I	NJURY AT WORK?		28d. DESCR	-	NJURY O	CURED	
TED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE (building	OF INJURY — At I	nome, ferm,	atreet, fa	ctory, of	fice			ON (Street a	and Numbe	or Or Rural	Route Number,
COMPLE	onol		ICIAN: To the best of											s) and manner as stated,
O BE	29b. SIGNATURE AND TITL	9464	Deel,	MD				29c. LIC	ENSE NUI	MBER			TE SIGNE 2/21	(Month, Day, Year)
	CHOL, WA	N 14E		USE OF OEATH (IT	EM 27) (Typ	e, Print)								
	FEB 22	1990	Julia Davy	AR'S SIGNATURE	492									

DHMH-18 Rev 1/89

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D THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	about any 18 to marked or item 23 chave any infered or or other fraumatic event the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF M		DEPARTMEN RTIFICAT			MENTAL HYGIEN REG. NO	_	1.20
1. DECEDENT'S NAME (First, Middle, Last)	٤٤.	NEW	MAN			2. DATE OF DEATH	1990	
4. SOCIAL SECURITY NUMBER 314 01 8757 98. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F street and number)	6. AGE (In yrs. lest I	YRS. MONTHS	-		7. DATE OF BIRTH (Month, Day, Year)	9c. COUNTY	BIRTNPLACE (State or Foreign Country) ARY AGO OF DEATN
ST. JOSEPH RESIDENCE OF DECEDENT	HOSP.	ITAL	-	Tow.	100		BAL	TIMORE
RESIDENCE OF DECEDENT 108. STATE 108. COUNT 108. STATE	r LT: Mag	2	10c. CITY, TOWN	OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
		00-	11	101. ZIP (CODE		10g. CITIZEI	N OF WNAT COUNTRY?
10. STREET AND NUMBER 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W				Cuban, Maxic	NIC ORIGIN? (Specify Year, Puario Rican, atc.)	14 or No — 14	. RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S ED		(Glw	EDENT'S USUAL e kind of work dom Do NOT use retired.	e during most of w	rorking	18b. KIND OF BI	JSINESS/INDUS	TRY
Elamentary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Leat)	P 11	ARKS		18.1	MOTNER'S N	AME (First, Middle, Maide.	Sumame)	970
19s. INFORMANT'S NAME (Type/Print)	20200	19b.	MAILING ADDRE	SS (Street and Nu	mber or Rura	I Route Number, City or To	wn, State, Zip Co	ode)
20s. METHOD OF DISPOSITION Surial 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	moval from Stata	20b. PLACE O	F DISPOSITION (Name of cometery,	cremetory or	ark Pa	OCATION — CIT	y or Town, State
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE TOWN		2:	2. NAME AND AD EVANS	HAR	FORO RO	1200 F	Ries
IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO	(OR AS A CONSEQUENCE OF AS	UENCE DI	er of t	10 les	eled	· · · · · · · · · · · · · · · · · · ·	Onset and Deeth
PART II. Other aignificent condition	ona contributing to	death but not re	esulting in the	underlying cau	Jae given i		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		OF DEATH (C	Check only one)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 No 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	28a. DATE OF (Month, D		28b. TIME OF INJURY	28c. INJURY WORK? 1 YES		8 Other (Specify) 2ad. DESCRIBE HOW	/ INJURY OCCU	RED
	28a. PLACE C	OF INJURY — At hor etc. (Specify)	ne, farm, street, f	actory, offica		281. LOCATION (Stree City or Town, Sta	et and Number or te)	r Rural Route Number,
Critick Orny						ue to the cause(a) and m		f. cause(s) and manner as stated.
255. SIGNATURE AND TITLE OF CESSION	2 1	en	n	290	LICENSE N	9765	29d, DATE :	SIGNED (Month, Day, Year) B. 15 1990
DR WILL AC	F. R	S O S (32	22 5	TF	AUL STR	733	,
FEB 22 1990	Laka Naida	- Market						DHMH-18 Rev 1/6

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,	shows ar	item 23	narked, or	tem 28 Is n	TANT: If I	IMPOR
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, crema	. of Health	State Dept	ith with the	iours after dea	within 72 h	be filed
TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely	been signed	icate has	er this certil	DIRECTOR: Aft	FUNERAL I	TO THE
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	requires th	N: The law	G PHYSICIA	OR ATTENDIN	HOSPITAL	THE CH

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT	OF H	EALTH A	ND M	IENTAL	HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Last) Sophie F. Nelson							2. DATE O	D.		YEAR	3. TIME OF DEATH 2:48 p
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) 97 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24	HRS.	7. DATE OF (Month,	BIRTH Day, Year)		Country	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY,	TOWN O	R LOCATION	OF DEA			9c. COUN	ITY OF D	
Corcica Hills Nur	sing Home		Ce	ente:	rville	е			Ou	ieen	Anne
Maryland Quee	en Anne		ry, town o								10d. INSIDE CITY LIMITS? 1 YES 2XXNO
10e. STREET AND NUMBER			-		ZIP CODE		_		10a. CITI	ZEN OF W	HAT COUNTRY?
P.O.Box#50					21617					USA	
11. MARITAL STATUS 1 Naver Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2XX10		WAS DEC	ENDENT OF I	Maxican,	Puarto Ric		n or No-	14. RACE Black Specif	- American Indian, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 8th 17. FATHER'S NAME (First, Middle, Last)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT L	work done o				18b. I	(IND OF BU	SINESS/IND		
. 8th -		Housew	ife						home		
17. FATHER'S NAME (First, Middle, Last)								ddle, Maiden			
Frederick W. Fish	er	464 4444	CARRET	100	nd Number or			h Sto		Control	
Norene P. Leonard											
NOTETIE P. LEONALO		b. PLACE OF DISPO					nsvi		Mary CATION -		21228
1 Burial 2 Cremetion 3 Remo	vel from State	Baltimor					ator	100			
21. SIGNATURE OF FUNERAL SERVICE LICE		Dai CINOL			D ADDRESS			Al Tra	urei,	Mar	yland
1907	(0) Qa.	P	Ambro	ose Fu Sulph	uner	al H	ome,I	nc. ad 21	227	
23. PART I Enter the disesses, pr co			npt enter	the mo	de of dying	g, such	es cerdi	c or resp	iratory arr	est,	Approximets interval Between
IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	Hemo	lytic A CONSEQUENCE	Az OF):	u	un						Onset and De
Sequentially list conditions, if eny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. d.											
PART II. Other significant conditions	A.		In the un	ndsrlying	g ceuss giv	ven in P		24a. WAS AN PERFO	RMED?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	R:	ACE OF DEA						
1 YES 2 XNO	1 Inpatient 2 ER/Out			aing Hom	e 5 🗆 Reak	-					
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF	WO	RK?		28d. DESC	HIBE HOW	INJURY OC	CURED	
2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm,			YES 2			FION (Street Town, State		or Rural F	Route Number,
4 Homicide datarmined 299. CERTIFIER 1 AV CERTIFYING PHYSIC	CIAN: To the best of my kno	wiedge, death occur	red at the t	lme, date	and place a	and due t	to the caus	e(e) and me	inner ee stel	led.	
anal and	R: On the basis of examinati) and menner as stated
296 SIGNATURE AND TITLE OF CERTIFIER	lud	Mão.			29c. LICEN	SE NUMI	BER 54		29d. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	e, Print) GRA	SON	IVIC	Œ,	- M	۵.	210	6 38	3
FEB 22 1990	32. REGISTRAR'S SIG		1.								

the burial-transit permit. Pages 1, 2, 3 should

1 -	FOR STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR	ICAT	T OF H	EALTH DEAT	AND I		REG. NO				
1, Di	Roman	W	ZKien	Aicz						2. DATE MONT	OF DEATH	DAY 15	YEAR O	9:20	PN
	03-22-6931		5. SEX	6. AGE (In yrs. le 73	st birthday) YRS.	IF UNDE	DAYS	IF UNDER 2	MIN.	(Mont	OF BIRTH h, Day, Year) 30/16		Coun	HPLACE (State of try)	or Foreign
	FACILITY NAME (If not in MERCY MEDI	CAL CE					LTIM	R LOCATIO	N OF DE	ATH		9c. COL	INTY OF		
DIREC 10e'	STATE MD.	10b. COUNT	Y			LTIM	OR LOCAT	ION						10d. INSIDE LIMITS?	
2	03 S. ANN						101	ZIP CODE 2123				10g. CIT	U.S.	WHAT COUNTR	177
- 1	MARITAL STATUS Never Merried 2 Widowed 4 Dive		FORCES?	NT EVER IN U.S. AI I YES 2 X MAR OR DATES			If yes, spe		, Maxica	n, Puerto	17 (Specify Ye Ricen, etc.)	os or No	Spec	E — American ck, White, etc.	Indian,
COMPLETED		CEDENT'S EDU hy highest grade 0-12)		(0	ECEDENT'S Give kind of a. Do NOT us	work done se retired.)	during mo-		7	184	SIU U			IIIE	
	FATHER'S NAME (First, N JOHN PASZK		Z					16. MOTH	ER'S NA	ME (First,	Middle, Malder	n Surname)			
으 198.	ALFRED WIS	NIEWS	KI		6920	DON	ASHIE	E RD.	, 1		ber, City or Tox	. 2	1239		
420	Burtal 2 Cremeto Donation 5 00he BIGNATURE OF FUNERA	on 3 (1) Herr r/Stoody)		20th PLACE Office ()	(down)			D ADDRES		CILITY	20c. Li	OGATION	City or 1	bern, State	
21	PART I/ Enter the d	aret.	1 11 les	le										MD. 212	
IMI dis	ahock, or h MEDIATE CAUSE (Fi lease or condition suiting in death)	eert fellure.	a.	O (OR AS A CONSE	9447		the mo	de Dr Gyrr	ig, suc	n as can	alec or resp	orratory ar	reet,	Interv	ximate al Betweer and Deati
CAI CAI	quentielly list condit any, leading to imme use. Enter UNDERLY USE (Disease or inju at initiated events suiting in death) LAS	diate ING ary	c	OR AS A CONSE	fa	ilus	(e								
0 1 -	RT II. Other eignifica		ns contributing to	deeth but not	reculting	In the u	nderlylng	j cause g	lven in	Part I.	24a. WAS AI PERFO	N AUTOPSY PRMED?	24	MAILABLE PF COMPLETION OF DEATH?	OF CAUSE
25. Y	WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			OTHE	A:	ACE OF DE				· · · · · ·			
- "	MANNER OF DEATH	Pending Investigation	26a. DATE O	FINJURY Day, Year)	28b. Till		28c. INJ WO	URY AT RK?			F (Specify) SCRIBE HOW	INJURY OC	CCURED		
	O Sudadda —	Could not be determined	28e. PLACE building	OF INJURY — A1 h , stc. (Specify)	ome, farm,	street, fac	tory, offic			28f, LOC City	CATION (Street or Town, State	t and Numbe	or Aural	Route Number,	
۵			ER: On the basis of											(a) and manner	an stated,
29b.	SIGNATURE AND TITLE	OF CERTIFIE	R /					29c. LICE	NSE NUI	MBER		296. DA	TE SIGNE	D (Mgnth, Day,)	Ybar)

npletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 a mount

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
le funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
r death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the host
DALLIMORE, MARTLAND	DIVISION OF VITAL RECORDS, F.O. BOX 13149,

Manning (OF DEATH			3. TIME OF OEATH
	Grimm F	Radel						Fe	b. 20,	1990	YEAR	8:36pm
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	si birthday)	IF UNDER		IF UNDER	1	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
173-09-3948	1 □ M 2 □ F	79	YRS.	MONTHS	DAY\$	HOURS	MIN.	Dec	24,1	910	Count	PA.
9e. FACILITY NAME (If not institution, give st				9b. CITY,		R LOCATI		EATH		9c. COU	NTY OF D	EATH
Heritage Meridi	an Nursi	ng Home			Du	nda1	.k				Balt	imore
100. STATE 10b. COUNTY	BAltimor		10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY
Md.	BAITIMOR	е				Mi	ddle	Riv	er			LIMITS?
10e. STREET AND NUMBER					101	ZIP COD	E			10g. CIT	ZEN OF V	VHAT COUNTRY?
566 Compass Ro	ad					2	21220)			USA	
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF						NIC ORIGIN	17 (Specify Yes	or No-	14. RACE Black	E — Americen Indian, k, White, atc.
1 Never Merried 2 Merried 3 Widowed 4 Olvorced	IF YES, GIVE Y					2 NO			,		Speci	
15. DECEDENT'S EDU	CATION	18e. DE	CEDENT'S						. KIND OF BUS	SINESS/INC		hite
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(G	live kind of a Do NOT us	work done o	during mo	st of worki	ng	.50			70.70	
12th									Balti	more	Cou	nty
17. FATHER'S NAME (First, Middle, Last)									Viddle, Malden	Surneme)		
Marion Francis	Radel						Lulu	ı Wa	gner			
190. INFORMANT'S NAME (Type/Print)		19							ber, City or Tow			
Linda Windisch						_	_	ltim	ore Mo			
20g METHOD OF DISPOSITION 1 Method 2 Cremetion 3 Ram	oval from State	20b. PLACE	OF DISPO	SITION (Na	me of cer	netery, crei	matory or			CATION -		
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK	OF MORE	HOI	ly H			tery			E	Balti	more	Ma.
Connelly F	uneral	Hom	e									ve. 21221
23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fediure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Left Arrest e tosculle Arret ABDonner DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions.												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OPD DUE TO	(OR AS A CONSE	OUENCE O	F):	Tel	COL	2 1	ct.				
	PERFORMEO? 1 YES 2 NO OF DEATH?										WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PART II. Other algnificant condition												1 YES 2 NO
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	OTHER	a :			neck only or				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpatient 2 2 28e. OATE OF (Month, E	INJURY Pay, Year)	28b, TIN	4 P Num IE OF JURY M	28c. INJ WC	URY AT	eeldence	S Other	r (Specify)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 2 28e. OATE OF (Month, D	INJURY	28b, TIN	4 P Num IE OF JURY M	28c. INJ WC	URY AT	eeldence	\$ _ Other	r (Specify)	end Numbe		

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

FEB 22 1990

BALTIMORE, MARYLAND 21203-3	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HYSE	vith t	(eq,
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<u>S</u>	ATTE	CTO affe	28
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_	ITAL	PAL 72	Name and a
	OSP	UNE	ANT
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	101	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE REGISTRAR

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE 2 10a. STATE

10e. STREET AND NUMBER

11. MARITAL STATUS

1 Never Merried

22 PART

if any, leading to immediate cause. Enter UNDERLYING

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH 7. DATE OF BIRTN IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 08 9c. COUNTY OF DEATH RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 VES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? O 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE FORCES? 1 YES 2 2 4NO 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ry/Secondary (0-12) 17. FATHER'S NAME (First Middle Last) 19a. INFORMANS'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Nymber or Rural Route 20s. METHOD OF DISPOSITION 2 Cremation 3 Ran 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE elications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximete interval Between **Onset and Deeth** IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)

CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART II. Other eignificent conditions contributing to death but not reculting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 8 - Other (Specify)

27. MANNER OF OEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY --- Af home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 4 Nomicide determined

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

MEDICAL EXAMINER; On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated.

29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIE 29d. DATE SIGNED (Mo

30. NAME AND ADDRESS OF PERSON CAUSE OF DEATH (ITEM 27) (Type,

31. DATE FILED (Month, Day, Year 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) Mollie R	egeon		*			2. DATE C	2		7EAR 3.	6:00am
	4. SOCIAL SECURITY NUMBER F 577 24 3727	5. SEX 6. A	NGE (In yrs. In:		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	Day, Year)	1909	Country) Was	Shington
ECTOR	9a. FACILITY NAME (II not institution, give : University Nurs			9	Whea	OR LOCATION OF DI	EATH		Mon1	of DEAT	
DIREC	RESIDENCE OF DECEDENT 100. STATE Maryland Mont	gomery		10c. CITY, 1	Silv	ation er Spring	5	MX.			d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 9313 Avenel Roa	ıd			1	20903					States
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1	YES 2X	RMED (10	If yes, t	CENDENT OF HISPAI specify Cuben, Mexico S 2 NO Specif	m, Puerto Ri		or No- 14	Black, W	American Indian, Thite, etc. White
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 years			Sive kind of works. Do NOT use i				kind of Bus			
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Max Shock					18. MOTHER'S NA			Sumeme)		
TO E	190. INFORMANT'S NAME (Type/Print) Celia Markowitz		2	2108 Re	eedie :	and Number or Aural Drive, Si	lver	Spring	g, Mai	ry1an	
	20e, METHOD OF DISPOSITION 1 LX Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		Disti	of Disposition of Colors	f Colu	omotory, cromatoryGe mbia Lodg	ge				D. C.
	21. SIGNATURE OF FUNERAL SERVICE LI		Ites	n	DONAL.	AND ADDRESS OF FA D M.STEIN ARROLL ST	HEBR				
CERTIFICATION	immediate cause (Final disease or condition resulting in death) acute pulmonary embolism Due to (or as a consequence of):									Intervel Between Onset and De Sudder	
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO									AM CC OF	ERE AUTOPSY FINDIN MAILABLE PRIOR TO DMPLETION OF CAUS F OEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE DF DEATH (C)	neck only one)			
PHY	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accelered Investigation	1 Inpatient 2 ER 26e. DATE OF INJ. (Month, Day, Y	URY	28b. TIME (OF 28c. II	NJURY AT VORK? YES 2 NO		(Specify)	IJURY OCCU	RED	
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF IN. building, etc.		ome, farm, stre	eet, factory, of	lice		TION (Street a Town, State)	nd Number or	Aural Rout	te Number,
COMPLE	Condex only	ER: On the best of my									nd menner ee stated
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	da	en		M	29c. LICENSE NU 0066				2-20-	onth, Day, Year)
-	Dr. Myron L. Len	kin, M. D.	, 2309	Shore		Road, Wh	eaton	, Mary	yland	209	002
	31. DATE FEB 22 1990	32. REGISTRAR'S	signature Aand	102							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and commented. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

AFYLAND 21203-3146

O THE HOLDINGS ON ATTENDING PRESIDENT THE New requires that the death certificate be mentioned within action death. Page 6 may be retained by the hospital or attending physician.	to the funeral director, page 5 should be detached for use as the burial-transit p		the market or have be sended as have been all the send of the control of the market by any or market or control of control or contro
r deat	nut ac	· (a)	BYR
afte	9	a flast within 72 boars after death with the State Dept, of Health and Mema Hyplates prior to burlist, conniction, or removal.	fical
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	FOR 1 - STATE REGISTRAR	STATE OF M			RTMENT (IYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Margarct F	7 5 m	unser) .					2. DATE OF		90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220243839		8. AGE (In yrs. les	t birthday) YRS.	MONTHS D	YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF I		Co	ATTHPLACE (State or Foreign untry) aryland
OR	90. FACILITY NAME (If not institution, give s MCRCLP MCdico		ter.		96. CITY, TO	by o	R LOCATI	ON OF DE	1 1	90	COUNTY OF	
DIRECTOR	10s. STATE 10b. COUNT	ithmere		1	ry, TOWN OR							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 3814 FOSTE		18.			101.	ZIP COD	E Z 4		10	g. CITIZEN O	F WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	MED 10	If y	S DEC	ENDENT (OF HISPAN	IIC ORIGIN? (S		10- 14. R/	ACE — American Indian, ack, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G	ive kind of Do NOT u	S USUAL OCCI work done dun ise retired.)	ing mo	on at of worki	ng	16b. KIN	ID OF BUSINE	SS/INDUSTRY	
ш	17. FATHER'S NAME (First, Middle, Last) John Foehrkol	b		1100	SCWIIC		18. MOT		ME (First, Middle YY Ey	le, Maiden Sum	ame)	
TO 8	190. INFORMANT'S NAME POSSIBLE + Mcakal Re	Wilhelm CORd.		38	301	3	346	Stin	Thomas	Driye		1tp.Md.21236
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LIE		other pl	808)	n Ceme	ete	ry	anatory or	OII ITW		timor	
	· Connelly	Funce	al Ho	me) cc	onne	elly	Fun	eral H			Ave. 21221
7	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	asse, or complications that caused the death. Do not anter the mode of dying, such a failure. Liet only one cause on each line. a. YELLOW CONCER WITH DIGINAL POLICE OF: DUE TO (OR AS A CONSEQUENCE OF):	rest		ry arrest,	Approximata Interval Between Onset and Death						
ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Co Roy		OUENCE C	of:	Th	B	· Dru	Migny	meter		
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ns contributing to	general sections of the section of t			erlying	cause	given in		PERFORMED YES 2)7	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	FR/Outpetlant 3	Поод	OTHER:				eck only one)			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, Da	NJURY	28b. TII	ME OF 21	Bc. INJ WO	URY AT			IBE HOW INJU	RY OCCURED	
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building, s	INJURY — At ho tc. (Specify)	me, farm,	street, factory	y, office	•		201, LOCATIO City or To	ON (Street and I own, State)	Number or Rui	ral Route Number,
COMPLETE	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYS											ne(s) and menner as stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIE	O. Lec	Duc	Her	1400	0	29c. LIC	PISE NUI	9 30	29	d. DATE SIGN	Z1 - 20
	30. NAME AND ADDRESS OF PERSONAL	MRDIC	D 6	M 27) (Type	e, Print)	30	15	ti f	200 C	Perce	2	1202
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE									

DIVISION OF VITA! RECORDS P.O. BOX 13146.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the bosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene plot to brinial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	Ή		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last		adler			2. DATE OF DEATH MONTH Feb. 20, 1	990 YEAR	3. TIME OF DEATH 8:00am M
4. SOCIAL SECURITY NUMBER 212-20-3122	1 M 2 F	/8 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV • 3 191	Cour	HPLACE (State or Foreign http: Maryland
9a. FACILITY NAME (If not institution, give 1756 Brookveit				ndalk	EATH	9c. COUNTY OF Balt	imore
1756 Brookveit RESIDENCE OF DECEDENT 100. STATE Md. 100. STREET AND NUMBER	^m Baltimore	10c. CITY	TOWN OR LOCAT	Dundal	k		10d. INSIDE CITY LIMITS? 1 YES 2 XNO
100. STREET AND NUMBER 1756 Brookve	iw Road		101	ZIP CODE	22		WHAT COUNTRY?
1756 Brookve: 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, sp		NIC ORIGIN? (Specify Yearin, Puerio Ricen, etc.)	or No— 14. RAG Ble Spe	
15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12) 7th 17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S L (Give kind of w life. Do NOT use HOUSE	ork done during mo retired.)	DN st of working	18b. KIND OF BUS	INESS/INDUSTRY	White
Louis H. Ege				Cath	ME (First, Middle, Maiden s erine Schr	midt	
190. INFORMANT'S NAME (Type/Print) Christopher Ice			4 Brook	veiw Roa	d Baltimore		
1 M Burlel 2 Cremetion 3 Re 4 Donetion 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	moval from State	other place)	n Cemete	ETY ID ADDRESS OF FA	Bal	Ltimore	Md.
23. PART I. Enter the diseases, shock, or heert fellula	6. List only one ceuse on	eech line.	ot antar the mo	da of dyling, aud			Approximata Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. Card DUE TO (OR AS	a consequence of last y	mou	ny a	nest		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	A CONSEQUENCE OF					
PART N. Other algorificant condition	one contributing to death	but not reaulting in	n tha underlyin	g cause given in	Part i. 24e. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (CI	neck only one)		
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending	1 Inpetient 2 Inpe	tpetient 3 DOA	OF 28c. IN.		6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PH' One) 2 MEDICAL EXAMI	26e PLACE OF INJUR	Y — At home, ferm, a			28f. LOCATION (Street e City or Town, Stete)	and Number or Rure	/ Route Number,
One)	YSICIAN: To the best of my known NER: On the basic of examination						o(e) end manner ee stated.
296. SIGNATURE AND TITLE OF CERTIF	Himasio	MD.		D-280	MBER 97	≥ 2-2	ED (Month, Day, Yeer)
30. NAME AND ADDRESS OF PERSON V RONALD, 31. DATE FILED (Month, Day, Year)	ATTA NA 32. HEGISTRAR'S SIG		EASTF		. Center.	Balt	: Md. 21224
2-20-90	FEB 22 19	190 Julia	Savidson-	fundall'			

1. DECEDENT'S NAME (First, Middle,	(math			IOAIL	. 01	DEAT			REG. NO			
								MONTH	DF DEATH D	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	Howard 5. SEX				YOC	_			ruary	22,	199	
218-12-3462	1 M 2-50-F	6. AGE (In yrs. In		MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE (1924	6, BIRTH	PLACE (State or Foreign Maryland
9a. FACILITY NAME (If not institution,	74"	00-03	ing.	Ob CITY	TOWN OF	D L COATIO	N OF DE		• 10		ITY OF DE	
	quare Hospi	tal		80. CITY,		OSSV				100		
RESIDENCE OF DECEDEN	CUL	-		10	V CICO.	1440			Ba.1t	imo	re Count	
10a. STATE 10b. CC		10c. CIT	Y, TOWN O								10d. INSIDE CITY	
Md.			M	iddl	e Ri	ver					1 YES 2 NO	
7125 Olivia				101.	ZIP CODE	1220)		10g. CITI	10g. CITIZEN OF WHAT COUNTRY? USa		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	er Married 2 Married FORCES? 1 XES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, atc.)						or No-	14. RACE Black Specifi				
15. DECEDENT'S	EDUCATION	16a. D	ECEOENT'S	USUAL OC	CCUPATION	N		16b.	KIND OF BU	SINESS/IND	USTRY	White
(Specify only highest Elementery/Secondery (0-12)	grade completed) College (1-4 or 5 -	HA.	Give kind of b. Do NOT u	work done o sa retired.)	during mos	t of workin	g					
			Brak	keman					Rail	Road		
17. FATHER'S NAME (First, Middle, Las						16. MOTE	IER'S NA	ME (First, M	iddle, Maiden	Sumame)		
Delbert Sh	ryock						Mar	у М	cQuad	9		
19a. INFORMANT'S NAME (Type/Print)		19							er, City or Tow			
Adele Shryo	ck		7]	L25 O	livi	a Ro	ad	Ba	ltimo	re Md	. 21	220
20a. METHOD OF DISPOSITION \$\infty \text{Burial} 2 \text{Cremation} 3 4 \text{Donation} 5 \text{Other (Specify)}		20b. PLACE other p Sac	of dispo	sition (Na leart	of of	Jesu	s Ce	emete	20c, LC	BA1		re Md.
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE				NAME AN				4			
1 Connell	y Fund	al He	Sul	/	Conn	elly	Fun	neral	Home	300M	AceA	ve. 21221
Sequentielly liet conditions, if eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Acute DUE TO C. DUE TO		roti	c Ca					Disea	se.		
reaulting in death) LAST	0.											
	ditions contributing to	death but not	reaulting	In the un	ndarfylng	cause (jiven in	Part I.	24s. WAS AP		24b.	WERE AUTOPSY FINOIR
reaulting in death) LAST	ditions contributing to	death but not	reaulting	In the un	ndariying	cause (jiven in	Part I.		RMED?	24b.	WERE AUTOPSY FINOIR AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
reaulting in death) LAST	ditions contributing to	death but not	reaulting	In the un	ndarfylng	cause (jiven in	Part I.	PERFO	RMED?	246.	AMAILABLE PRIOR TO COMPLETION OF CAUS
reaulting in death) LAST	ditions contributing to	death but not	reaulting	In the un	ndarfylng	cause (given in	Part 1.	PERFO	RMED?	246.	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
resulting in death) LAST	SAL	death but not	reaulting		26. PL			Part 1.	PERFO	RMED?	246.	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatiant		OTHER	26. PL	ACE OF D	EATH (Ch		PERFO 1 YES	RMED?	246.	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significant con-	HOSPITAL: 1 Ninpatient 2	□ ER/Outpatiant	3 DOA 28b. TM	OTHER	26. PL	ACE OF D	EATH (Ch	eck only one	PERFO 1 YES	HWED?		AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Rinpatient 2 E 28e. OATE OF (Month, L) ation ot be 28e. PLACE C building,	□ ER/Outpatiant	3 DOA 28b. TIN	OTHEF 4 Nun ME OF JURY	26. PL R: sing Home 28c. INJU WOI 1 — Y	ACE OF D S - Re URY AT RK? TES 2	EATH (Ch	6 Other	PERFO 1 YES (Specify) CRIBE HOW	INJURY OC	CUREO	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other aignificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation of the Investig	HOSPITAL: 1 Rinpatient 2 E 28e. OATE OF (Month, L) ation ot be 28e. PLACE C building,	ER/Outpatlant INJURY ay, 16ar) FINJURY — At hatc. (Specify) my knowledge, c	3 DOA 28b. TIR IN toome, ferm,	OTHEF 4 Num ME OF JURY M street, fact	26. PLR: sing Home 28c. INJU WOI 1 Y lory, offica	ACE OF D S Rev RRY AT RRY? ES 2 [EATH (Ch	6 Others 28d. DES 28f. LOC:	PERFO 1 YES (Specify) CRIBE HOW ATION (Street or Town, State se(a) and ma	INJURY OC	CUREO or Rural F	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PART II. Other aignificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation of the Investig	TAL HOSPITAL: 1 X Inpatient 2 28e. OATE OF (Month, L) ation ot be bed of a PHYSICIAN: To the best of a	ER/Outpatlant INJURY ay, 16ar) FINJURY — At hatc. (Specify) my knowledge, c	3 DOA 28b. TIR IN toome, ferm,	OTHEF 4 Num ME OF JURY M street, fact	26. PLR: sing Home 28c. INJU WOI 1 Y lory, offica	ACE OF D S Report AT RECY 2 R	EATH (Ch	28d. DES 28f. LOC/City (PERFO 1 YES (Specify) CRIBE HOW ATION (Street or Town, State se(a) and ma	INJURY OC and Number of the second of the se	CUREO or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number, and manner ee state. (Month, Dey, Year)
PART II. Other aignificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investig. 3 Suicide 6 Could in determit 29a. CERTIFIER (Check only one) 2 MEDICAL EX	TAL HOSPITAL: 1 X Inpatient 2 28e. OATE OF (Month, L) ation ot be bed of a PHYSICIAN: To the best of a	ER/Outpatlant INJURY ay, 16ar) FINJURY — At hatc. (Specify) my knowledge, c	3 DOA 28b. TIR IN toome, ferm,	OTHEF 4 Num ME OF JURY M street, fact	26. PLR: sing Home 28c. INJU WOI 1 Y lory, offica	ACE OF D S Report AT RECY 2 R	EATH (Chieldence NO	28d. DES 28f. LOC/City (PERFO 1 YES (Specify) CRIBE HOW ATION (Street or Town, State se(a) and ma	INJURY OC and Number of the second of the se	CUREO or Rural F	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,
PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of the control	HOSPITAL: 1 Ninpatient 2 E 28e. OATE OF (Month, E 28e. PLACE of building, PHYSICIAN: To the best of AMINER: On the basis of a	ER/Outpatlant INJURY Lay, Year) FINJURY — At hatc. (Specify) Imy knowledge, of examination and/output Multiple a	3 DOA 28b. Till in torne, ferm, death occur r investigati	OTHEF 4 Number of Number of Number of Street, fact	26. PLR: sing Home 28c. INJU WOI 1 Y lory, office	ACE OF D S Report AT RECY 2 R	EATH (Chieldence NO	eck only one 6 Other 28d. DES 28f. LOC/ City of to the cau time, data	PERFO 1 YES (Specify) CRIBE HOW ATION (Street or Town, State se(a) and ma	INJURY OC and Number of the second of the se	CUREO or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number, and manner ee state (Month, Dey, Year)
PART II. Other significant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investig 2 Accident Investig 3 Suicide 6 Could in 4 Henricide 6 Could in 4 Henricide 6 Could in 4 Henricide 6 Could in 5 MEDICAL EX 29b. SIGNATURE AND TITLE OF DEATH	HOSPITAL: 1 Ninpatient 2 28e. OATE OF (Month, L ation ot be ned 28e. PLACE C building, PHYSICIAN: To the best of AMINER: On the besia of a RTIFIER ON WHO COMPLETES CAU ert, M.D.	ER/Outpatlant INJURY Lay, Year) FINJURY — At hatc. (Specify) Imy knowledge, of examination and/output Multiple a	3 DOA 28b. Tili IN nome, ferm, death occur r investigati	OTHEF 4 Num ME OF JURY M street, fact red at the t on, In my o	26. PL. R: sing Home 28c. INJU WOO 1	ACE OF D S Rev RKY? RKY? S 2 [and piece beth occur 29c. LIC	EATH (Chroeldence) NO , and dua red at the ENSE NUI	eck only one 6 Other 28d. DES 28f. LOC/ City of to the cau time, data	PERFO 1 YES: (Specify) CRIBE HOW ATION (Street or Town, State se(a) and ma and placa, a	and Number and Number and due to ti	CUREO or Rural F	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number, and manner ee state (Month, Day, Year) 2 2 9 0

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1314	be executed
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7	death
2	the
É	that
200	requires
-	MP
A	The
7	PHYSICIAN:
NOISI	DR ATTENDING
5	DR

		MARGARET F. SC	HELLER					02-21-	90 °	6:55 P M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday) IF U	INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	06 8.	BIRTHPLACE (State or Foreign Country)
should	1	216-01-8486 9a. FACILITY NAME (If not institution, give:		34		CITY, TOWN (OR LOCATION OF O	01-25-Q	9c. COUNTY	Maryland OF DEATH
2, 3 sh	5	CHRCH HOSPITAL	CORPORA	ATION	E	BALTI	MMORE M	ARYLAND		
it. Pages 1, 2, 3 DIRECTOR		10a. STATE 10b. COUNT MARYLAND	Υ		BALT	WN OR LOCAT	E CITY			10d. INSIDE CITY LIMITS? 1 YES 2 NO
Intal-transit permit.		100. STREET AND NUMBER 7206 WALDMAN A	VE			101	ZIP COOE	XXX 2121	10g. CITIZEI	USA
BY the p		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEOENT FORCES? 1 [IF YES, GIVE WA	YES 2 A	MED	If yes, sp		NIC ORIGIN? (Specify Yaon, Puarlo Rican, atc.) y:	or No 14	RACE — American Indian, Black, White, etc. Specify: White
for use as		15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)		(Gi	CEDENT'S USUA ive kind of work of Do NOT use retin	done during mo red.)	est of working	16b. KIND OF BU	SINESS/INDUS	TRY
once.	1	17. FATHER'S NAME (First, Middle, Last)			Hou	sewife		ME (First, Middle, Melden	Sumama)	
8 T								Jacobs	ourname)	
notified TO BE		19a. INFORMANT'S NAME (Type/Print)		190			and Number or Rural	Route Number, City or Tow		
9	-	Eva Lindt		20b PLACE			an Ave. I	BAltimore 1		nd 21219
must		1 Buriel 2 Cremetion 3 Ren 4 Donetion 6 Other (Specify)	noval from State	other pla	ace)		al Cemete			ore Md.
examiner		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	alHa	- 1 C	22. NAME AI	ND ADDRESS OF FA	CILITY		ndalk 21222
Mental Hygiene prior to burfal, cremation, or remova ijury, or other traumatic event, the medical CERTIFICATION		IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSECUTION OF AS	OUENCE OF):	18-7-2		UMONIA RICTIVE	LUNG	Onset end Death
of Health and Me hows any inju MEDICAL	TO COL	PART II. Other significent condition	ne contributing to d	deeth but not r	resulting in the	e underlyln	g ceuse given in	Part I. 24e. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5 m 7		25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PI	LACE OF OEATH (Ch	eck only one)		
the State Del		1 YE\$ 2 NO	HOSPITAL:		DOA 4			8 Other (Specify)		
Tree T	58	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	(Month, Day		28b. TIME OF INJURY	WC	JURY AT DRK? YES 2 NO	2ed, DESCRIBE HOW	INJURY OCCUI	REO
28 is		2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF building, a	INJURY — At ho	ome, farm, street	, factory, offic	ca	28t. LOCATION (Street City or Town, State	end Number or)	Rural Route Number,
within 72 hours after death TANT: If Item 28 Is ma COMPLETED BY		anal .						a to the cause(a) and ma		euse(a) and menner as stated.
1 2 G III		29b. SIGNATURE AND NITHE OF CERTIFIE	R				29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
IMPO TO B	- 11	30. NAME AND A OORESS OF PERSON W		RAGHAV		4)	156	499	12	-21-90
		K.RAGHAVAI	V , CH	IRCH	HOJA	2/5/	2 107	N BK	DADO	VAY
		31. DATE FILEO (Month, Day, Year)	32. REGISTRAF	_						
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DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT if item 28 is marked or item 23 shows any injury, or other fraumatic event, the medical exact
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	1. DECEDENT'S NAME (First, Middle, Last)	,		. 1		2. DATE OF DEAT	гн	3. TIME OF DEATH
	Power	1600	dom.	ith	- Paki	MONTH		EAR //
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI		BIRTHPLACE (State of Formige
	225-12-1114	1 N 2 F	77 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Ye		Virginia
	9a. FACILITY NAME (If not institution, give s	street and number)	1	96, CITY, TOWN	OR LOCATION OF D			Y OF DEATH
	77/0M29	leduc, x	Jak 1 08	lake	amer	Pari	+ Mo	nogome
	10a. STATE 10b. COUNT	Υ	10c. CIT	TY, TOWN OR LOCA	NOIT			Dal. INSIDE CITY
	Maryland Mo	ontgomery		Takoma :	Park			1 TYPES 2 NO
	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
1	7710 Maple Ave	enue #103			20912			U.S.
	11. MARITAL STATUS	12. WAS DECEDENT EV			CENDENT OF HISPA pecify Cuban, Mexico			. RACE — American Indian, Black, White, etc.
	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES		S 2 NO Specia		~-)	Specify:
		1944 - 1						Black
	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	(Give kind of	work done during m	ION lost of working	16b, KIND O	F BUSINESS/INDUS	STRY
	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT u					
	0-11		Air	force			J.S. Air:	force
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, M.	siden Surname)	
	Archie S	mith				Althea W		
	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural			
	Sandra L. Myers		158 S	tone Lal	ke Ct., I	Tabb Virg	ginia 230	602
	20a, METHOD OF DISPOSITION	novel from State	20b. PLACE OF DISPO				c. LOCATION — CIT	
	4 Donation 5 Other (Specify)	- Contract		n Nation	nal Cem.		Arlington	n, VA
ı	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE A						
- 200		/1 //		Doh o	ND ADDRESS OF F	CILITY	001 11	Ing
	23. PART 1. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that ca	on each line.	Rober 1661	rt G. Mas Good Hop ode of dying, suc	on Funer e Road,	SE, Wash	t, Approximata
	ahock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	complications that cs List only one cause a	on each line.	Rober 1661 not enter the morp:	rt G. Mas Good Hop ode of dying, suc	son Funer be Road,	SE, Wash	t, Approximata Interval Batw
	ahock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	AS A CONSEQUENCE C	Rober 1661 not enter the m	rt G. Mas Good Hop ode of dying, suc	son Funer be Road, that cardiec or	SE, Wash	h. DC 20020 t, Approximate Interval Batw Onset and De
	ahock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	AS A CONSEQUENCE C	Rober 1661 not enter the m	rt G. Mas Good Hop ode of dying, suc	per 1. 24a. We pe	SE, Wash reapiratory arres //2 //	Approximata Interval Batwonset and Dr. Approximata Interval Batwonset and Dr. Approximation and Dr. Approximat
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	ahock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	AS A CONSEQUENCE C	Rober 1661 not enter the m	rt G. Mas Good Hop ode of dying, suc	per 1. 24a. We pe	SE, Wash reapiratory arres //2 //	Approximate Interval Batwonset and Done
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	R All	IREC	E
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death,	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral be flied within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or remoral.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami
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1. DECEDENT'S NAME (Fin	t, Middle, Last)	O.TT.W.		£ .					2. DATE O	60-9°C	Ÿ	YEAR	3. TIME OF DEATH 7:41 P.
4. SOCIAL SECURITY NUM		s. SEX	6. AGE (In yrs. le	at hirthday)	IF UNDER	1 VEAR	IF UNDE	R 24 HRS.	7. DATE O			6. BIRTH	PLACE (State or Foreign
214767883		1 M 2 □ F	31	YRS.	MONTHS	DAYS	HOURS	MIN.	4-8-	-58		Country	
9a. FACILITY NAME (IF not CHURCH HO	SPITAI		RATION		100			RE (CITY		9c. COL	INTY OF DI	EATH
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN C	OR LOCAT	ION						10d, INSIDE CITY
MD.	MD. BALTIMORE CITY								LIMITS? 1 YES 2 NO				
10e. STREET AND NUMBER	A					101	ZIP COD	E			10g, CI1	IZEN OF W	HAT COUNTRY?
306 S. BR	OADWA!	Z						212	31			U.S.	Α.
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yes, specify Cuban, Maxican, Puarto Rican, atc.) 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yes, specify Cuban, Maxican, Puarto Rican, atc.)						Yea or No— 14. RACE — American India Black, White, etc. Specify: White						
15. DE (Specify o	CEDENT'S EDU	CATION completed)	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON at of world	ina	16b. F	CIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary G.E.D.		College (1-4 or 5		Do NOT us									
17. FATHER'S NAME (First,	Middle, Last)						18. MOT	HER'S NA	ME (First, Mi	ddle, Maiden	Surname)		
Charl	es Su:	rwilo					J	une	Woos	sley			
19a. INFORMANT'S NAME	(Type/Print)		-19	b. MAILING	ADDRES	S (Street a			Route Numbe		n, State, Z	(p Code)	
Shirley K	eiste:	r		306	S. E	Broa	dwa	V.B	alto.	Mary	lan	d212	3.1
20a, METHOD OF DISPOS 1 ☐ Burtel 2 X X Creman		oval from State	20b. PLACE other p	vlace)						20c. LO	CATION -	- City or To	wn, State
4 Donation 5 DOth	er (Specify)		_ Gree	en M	ount	CE	met	ery		Bal	tim	ore	City
21. SIGNATURE OF FUNE	,	- /	7		22.	NAME A	ID ADDRE	ESS OF FA	CILITY L	llly	& Z	eile	r, Inc.
Cathe	rene	m. 3	a les		119	901	Eas	ter	n Ave	е.,Ва	lto	. , Mc	1. 21231
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING jury	OUE TO	IC FAI: O (OR AS A CONSE	PENI	г): А								
PART II. Other signific	cant condition	ns contributing to	o death but not	resulting	in tha u	ndertyin	g cause	given in		24a. WAS AN PERFOP 1 YES 2	RMED?	7 24b	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHE	R:			heck only one				
	Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. Till IN.	_	28c. IN.	URY AT ORK? YES 2			RIBE HOW I	NJURY O	CCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At h j, etc. (Specify)	ome, farm,	street, fac	tory, offic	0			TION (Street or Town, State)		er or Rural I	Route Number,
CONDUCT ONLY		RCIAN: To the best of											n) and manner as stated
29b. SIGNATURE AND TIT	LE OF CERTIFIE	03	7				29c. LIC	CENSE NU	MBER		29d. D/	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS	OF PERSON WI	HO COMPLETED CA	USE OF DEATH (IT	EM 27) (Type	e, Print)C	HUR	CH F	IOSP	TAL	COR	POR	ATIO	N
	L DAN	G, M.D.	IAR'S SIGNATURE		1								, MD.212
FFR	22 199	O Sulan	Navidion-B	andell									6,000,000

Cartenia M. Juice

TO BE COMPLETED BY FUNERAL DIRECTOR

(3	No.	}	
46	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending any	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as		
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2120	tal or att	for use		
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	R ATTE	RECTOR	urs after	nm 28
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	E HOSP	E FUNE	d within	BTANT
	TO TH	TO TH	be filed within 72 hours after death with the State Dept. or Health and Mental Hyghere phof to bunal, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	SIAIE UP WANTE	CERTIFIC	CATE OF	DEATH	MENIAL HYGIEN REG. NO	_		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATN
Molvino	E 5i	mms			MONTH 2 10	131	CYEAR	12:16 M
4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	101	a. BIRTHPL	ACE (State or Foreign
577-38-0971	□ M 2 0 F -	17 YRS. 1	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1-12	Wash	D.C.
9a. FACILITY NAME (If not institution, give street	t and number)	,	9b. CITY, TOWN	OR LOCATION OF DE	ATN O	1	NTY OF DEA	
Washingt	on Adioi	Atet Host	To	Koma	tank	1	nont	Granou L.
RESIDENCE OF DECEDENT	VII / RIO	451 119						Turing I
10e, STATE 10b, COUNTY			TOWN OR LOCA				16	LIMITS?
-	e George'	s Hy	attsv	ille			1	YES 2 NO
100. STREET AND NUMBER			10	. ZIP CODE				AT COUNTRY?
2231 Beechwood	110010			20783			ted :	States
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		IIC ORIGIN? (Specify Ver n, Puarto Ricen, atc.)	or No—	Specify:	American indian, Vhita, etc.
15, DECEDENT'S EDUCAT	ION	18a. DECEDENT'S U	SUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/IND		0.1
(Specify only highest grade con Elementery/Secondary (0-12)	npierea) College (1-4 or 5+)	life. Do NOT usa	rk done during mo retired.)	st of working				
12th Grade		Homen	naker		Pri	vate		
17. FATNER'S NAME (First, Middle, Last)	The second			18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)		
William H. For	ctune	The State of the S		Lavi	nia Coop	er		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	DDRESS (Street	and Number or Rural I	Route Number, City or Tow	n, State, Zip	Code)	
Ellen S. Davis		211	P Str	eet, N.	W. Wash.	D.C		
20s. METNOD OF DISPOSITION 1 XBurtal 2 Cremation 3 Ramoval	I from State	b. PLACE OF DISPOSIT	TION (Name of ce	netery, crematory or	20c. LO	CATION -	City or Town	, State
4 Donation 5 Other (Specify)		incoln M	1emoria	al Ceme	terv Su	itla	nd. I	Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE D		22. NAME A	ND ADDRESS OF FA	eral Home	0		
> Inhm	Stanon	. 111			Road, N		Mach	D C
23. PART . Enter the disesses, or com	aplications that cause	d the death. Do no						Approximate
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Candrop	A CONSEQUENCE OF	1	est				Interval Between Onsat and Dasth
	0	A						
Sequentially list conditions, b	DUE TO (OR AS	A CONSEQUENCE OF						
if any, leading to immediate cause. Enter UNDERLYING	Motobale	Dudehi	4 Ron	a0 E:0	ure Cl	NAA.		İ
CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	, , , ,	CPUC TOUR	0(10-0	V 1010	4.	
resulting in death) LAST	Anemia	, Sal	843					
DART II OAL - I - III - A - AIII								
PART II. Other significant conditions of	contributing to death i	but not resulting in	tha undarlyin	g causa given in	Part I. 24e. WAS AN PERFOI		A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
(141	1	A A	. 1	7	1 TYES 2	ANO		OMPLETION OF CAUSE F DEATN?
dypen	tenenve (andiova	hulas	alrea	4		1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)			
	☐ Inpatient 2 ☐ ER/Out	patient 3 DOA	4 - Nursing Hon		8 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY W	PURY AT DRK? YES 2 NO	28d. DEŞCRIBE NOW	INJURY OC	CURED	
3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, st ecify)	reet, factory, offic	•	281. LOCATION (Street City or Town, State)	and Numbe	r or Rurai Rou	to Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA								
2 MEDICAL EXAMINER: (The state of the s	who is mirrorigation	, at my opinion, (
29b. SIGNATURE AND TITLE OF CERTIFIER	1) IVele	C 1/1	A10	29c. LICENSE NUI	WBER	29d. DAT	E SIGNED (N	fonth, Day, Year)
Capull	0 / - /			017	043		4/13/	190'
V. C. UALD 3311 To	alealo Ta	EATN (ITEM 27) (Type, I	Print)	1 1 11		-	00	
1 011. 10 0011 /6	allow 16	wale	reyoull	BUILLO	Nol.	20	102	

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completely within traumatic event, слета executed burial. and prior to physician 3 certificate or other signed by the attending phy Health and Mental Hygiene requires that the death Injury, shows any has been s Dept. of H ME 23 The Item this certificate State PHYSICIAN: 10 the marked, with OR ATTENDING P DIRECTOR: After t hours after death death 90 28 Item

FUNERAL WITHIN 72 h

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IMPORTANT: If

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DIVISION OF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1 DECEDENT'S NAME /First Middle Last) 2 DATE OF DEATH 3 TIME OF DEATH MONTH DAY YEAR 1990 FRAC 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. Inst birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR JE UNDER 24 HRS. DAYS 1 M 2 F HOURS 2 YRS JARCH 12 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 1818 VISTA DIRECTOR 10. STATE 10b. COUNTY IDC. CITY TOWN OR LOCATION 10d. INSIDE CITY PARY ERVIL 1 YES 2 NO LAND FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2109 SOA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Sp ntary/Secondary (0-12) College (1-4 or 5+) (2) 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First Middle Maiden Surname as BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 AMIL 20a METNOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or ☐ Donation 5 ☐ Other (Specify) AL 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 2 Mines SVANS CHAPIL 0 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final

Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 25 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 4 Nursing No. 1 YES 2 NO ient 2 ER/Outpatient 3 DOA ne 5 Residence 6 Other (Specify) 28c. INJURY AT WORK?
1 YES 2 NO 27 MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending BY 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town State) ED 8 Could not be 4 Homicide determined E 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. COMPL (Check only MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piace, and due to the cause(e) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) S1. DATE FILED (MOTER), DAY 2 2 1990 37. REGISTRARS SIGNATURE PRODUCTION

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Just after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, of removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 -	FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND	MENTAL HYGIEN					
1.1	DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AV YEAR	3. TIME OF DEATN			
	Ceil		TROJANO	WSKI		18,1990	10:36 р м			
11		SEX 6. AGE (In yrs. le	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. 7, TOWN OR LOCATION OF DI	7. DATE OF BIRTN (Month, Day, Year)		103YLVANIA			
	FRANKLIN SQ	VARE HOSPI	TAL	ROSEDALE		-	ore County			
FUNERAL DIRECTOR	STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
A 100	. STREET AND NUMBER	_		101. ZIP CODE		10g. CITIZEN OF	WNAT COUNTRY?			
5 L	503 WASHB	URN AVE		21225		U.S	. A.			
¥ 35	MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		WAS DECENDENT OF NISPAI If yes, specify Cuban, Mexica 1 YES 2 NO Specifi	nn, Puerto Ricen, atc.)	e or No— 14. RAC Blac Spec	E — Amarican Indian, ok, White, etc.			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col		ECEDENT'S USUAL (OCCUPATION during most of working	16b. KIND OF BU	SINESS/INDUSTRY				
		College (1-4 or 5+)	e. Do NOT use retired.	during most or working						
MP	8 162		HI HO	WE						
8 17.	FATNER'S NAME (First, Middle, Last)	L 0 11.			ME (First, Middle, Maiden	Sumame)				
H -	JULIUS	KURYLA			ANORA	IAGA				
و ا ا ^{۱۳}	B. INFORMANT'S NAME (Type/Print)	1	96. MAILING ADDRES	S (Street and Number or Rural	Route Number, City or Tow	vn, Stete, Zip Code)				
	METNOD OF DISPOSITION	20110	2417	HS HBC	3/(
1)	Buriel 2 Cremation 3 Remove	other p	lece)	ame of cemetery, crematory or	200. 1.0	CATION — City or T	own, State			
	SIGNATURE OF FUNERAL SERVICE LICEN	ISEE (22	NAME AND ADDRESS OF FA	CILITY	4710.1	10.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate									
IFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST Onset end Death Due To (OR AS A CONSEQUENCE OF): b. Dementia Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):									
11 m/	ART II. Other significant conditions	contributing to death but not	resulting in the u	nderlying ceuse given in	Part i. 24s. WAS AT		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
PHYSICIAN: MEDICAL					1 TYES		COMPLETION OF CAUSE OF DEATH?			
¥ 25.	. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (CA	heck only one)					
Sic		IOSPITAL:	3 DOA 4 N	R: rsing Nome 5 - Residence	8 Other (Specify)					
_	MANNER OF DEATN 1 X Natural 5 Pending investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED				
0	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At I building, etc. (Specify)	ome, farm, atreet, fa	ctory, office	28f. LOCATION (Street City or Yown, State		Route Number,			
COMPLET		N: To the best of my knowledge, on the bests of examination end/o					(s) end manner ee stated.			
BE	B. SIGNATURE AND TITLE OF CERTIFIER	76100	-ns	29c. LICENSE NU			uary 18,1990			
	Alfred Covington			uare Dr. Ba	alto, Md.	21227	the less in a			
10000	DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	mkiin syt	dure Dr. Do	arto, Plu.	C1C3/				
		Ge Tevidon Borde	6							

PIN SE SED CONTINUES

3. TIME OF DEATN

10d. INSIDE CITY 1 TYES 2 NO

S. BIRTNPLACE (State or Foreign BALTO, MD

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item 23 shows any injury, or other traumatic event, the medical examiner HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 10 is marked, IMPORTANT: If item 28

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1. DECEDENT'S NAME (First, Middle,				_ 01	ULA		r		Ю.		
DATZMONTO TIT							MDNT	H	DAY	YEAR	3. TIME OF DEA
									18		05
2. SOCIAL SECURITY NUMBER			MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)		Coun	try)
9a FACILITY NAME (If not institution		0.)		(TOWN C	DR LOCATI	ON OF D	1	20			
	RAYMOND WILBUR STUTZKA OOAL SECURITY NUMBER S. SEX 85 YRS. MONTHER PLANE (F. DECEDENT) 18 90 OOAL SECURITY NUMBER 19 19 19 19 19 19 19 19 19 19 19 19 19 1										
RESIDENCE OF DECEDEN	VT.								Dill		
MARYLAND BE	ALTO, CO					LE					10d. INSIDE CIT LIMITS? 1 YES 2
623 COLL	EGÉ AI	E		101	210	93			10g. CITI	ZEN OF	what country?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	±S 2 ™NO	13.	tt yes, spe	ecify Cubi	ın, Mexico	n, Puerto		Yea or No	Blee	CE — American and old, White, etc.
15. DECEDENT	S EDUCATION	18s. DECEDE	NT'S USUAL C	CCUPATIO	ON of world		18	b. KIND OF I	BUSINESS/INC	DUSTRY	W. T. T.
Elementary/Secondary (0-12)	T	life. Do I	VOT use retired.)		ISI OF WORK	ny	1	RAN	KLIN	15	GUARU
17. FATNER'S NAME (First, Middle, La (MXX/NOLL)	7				18. MOT						1.2
198. INFORMANT'S NAME (Type/Print	RECOR) S 19b, MA	LING ADDRES	S (Street a	and Numbe	or Rural	Route Nun			Code)	
	Removat from State	20b. PLACE OF D	ISPOSITION (N	ame of cer	metery, cre		mose	20c.	LOCATION -	City or 1	Town, State
		Jair	22	NAME AN	ND ADDRE			PEZ	n of	CH	Jimes.
shock, or heart fa	flura. List only one ca	use on each lina.		r the mo	ode of dy	ing, euc	ch ae ca	diac or re	spiratory an	rest,	Approxir Interval I Onset ar
resulting in daeth)	a										
	000 10	(OH AS A CONSCOUR	ice orj.								
Sequentially list conditions,	b. DUE TO	(OR AS A CONSEQUEN	ICE OF):								
	C. DUE TO	(OR AS A CONSEQUEN	ICE OF):						- 130		
If any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST											
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	SISTEMAR CERTIFICATE OF DEATH CERTIFICATE OF DEATH REPORTS NAME (First, Niddish, Last) WILBUR STUTZKA L SECURITY NAME (If not institution, give street and number) L SECURITY NAME (If not institution, give street and number) EATER BALTIMORE MEDICAL CENTER TOWSON ENCE OF DECEDENT THE STATUS FOR STATE OF THE STATE OF STATE OF BILLIANS OF COUNTY THE STATE AND NUMBER 100. COUNTY THE STATUS FOR STATE OF THE STAT				24	b. WERE AUTOPSY					
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	d	daath but not reeul	iting in the u	ndariyin	g cause	given ir	Part I.	PER	FORMED?	24	AVAILABLE PRIO
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	ddditions contributing to	daath but not resul	iting in the u	ndariyin	g cause	given in	Part I.	PER	FORMED?	24	AVAILABLE PRIO
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cor HTN 25. WAS CASE REFERRED TO MEDI	CAL	daath but not resul	iting in the u					PERI	FORMED?	24	AVAILABLE PRIO COMPLETION OF OF DEATH?

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

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Approximate

Intarval Between **Onset and Death**

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 Ainpetient 2 ER/Outpetient 3 DOA OTHER: 1 | YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

5 Pending trivestigation 1 Natural 2 Accident 28e. PLACE OF thJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 8 Could not be 4 Nomicide determined

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER 1 XXERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as attated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated.

29c. LICENSE NUMBER

D34988

DR. ROBERTS

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

DAVID ROBERTS M.D. G.B.M.C.

32. REGISTRAR'S SIGNATURE

29b. SIGNATURE AND TITLE OF CERTIFIER

22 1990 EER

DHMN-16 Rev 1/89

DHMH-16 Rev 1/89

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPA CERTI	ARTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) MARIAN	SONNEM	AN		3. TIME OF DEATH
	219 03 3492	S. SEX 6. AGE (In yrs. last birthda 1	MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 18	BIRTHPLACE (State or Foreign Country)
OR	GOOD SAMAR	TAN HOSP.	96. CITY, TOWN OR LOCATION OF D BAUTO- CI	EATH 9c. COUNT	Y OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY BALL	TO. (O. 10c.	CITY, TOWN OR LOCATION BALTIMOPE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 9019 H	HEFORD RD.	101. ZIP CODE 2/23	10g. CITIZE	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Speci		Bleck, White, ate. Specify:
PLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)	completed) (Give kind	T'S USUAL OCCUPATION of work done during most of working if use religid.) THE MAKE R	16b. KIND OF BUSINESS/INDUS	втяу
BE COMPLET	17. FATHER'S NAME (First, Middle, Last)	EARNEY	MH	AME (First, Middle-Melden Sumeme)	omas
101	19a. INFORMANT'S NAME (Type/Print)	ECORDS 196. MAIL	ING ADDRESS (Street and Humber or Rure)	Route Number, City or Town, State Zip C	ode)
	20e. MPTHOD OF DISPOSITION 1 M Suriel 2 Cremetton 3 Ram 4 Donation 5 Other (Specify)	oval from State Duffer place)	POSITION (Name of cemetery, cremetory or	em. Cocke	ty of John State
	21. SIGNATURE OF FUNERAL SERVICE LI	f. gair	22. NAME AND ADDRESS OF A	HARGOILD	MEMORIES
		a. BACTEREN BUE TO (OR AS A CONSEQUENCE	110	ch as cardiac or reapiratory arres	Approximate interval Between Onset and Deat
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE	ILAR MECROSI E OFF: MCE PHALODIAT	HY.	
ERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d. STOPATHIC	CIRRHOSES.		
MEDICAL C		ns contributing to death but not resulting ALMUTRITION		Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C	Check only one)	
/ PHYSICIAN	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Finpatient 2 ER/Outpatient 3 DO		6 ☐ Other (Specify) 26d. DESCRIBE HOW INJURY OCCU	JRED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, fac building, etc. (Specify)	rm, street, factory, office	28f. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
COMPLET	(Check only	SICIAN: To the best of my knowledge, death oc ER: On the best of examination end/or investig			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	TMITPH	29c. LICENSE N	UMBER 29d. DATE	SIGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	spital. Baltin	note moor
	FEB 22 1990 Au	his Pavidson Andres			

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DIVISION OF VITAL RECORDS, P.O. BOA 13146,	JR AI	DIREC	Em
2	TAL (AL C	H
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-nours after death. Page 4 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral times there filed within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be made
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	TO T	10 m	MP

	FOR STATE REGISTRAR							
	1. DECEDENT'S NAME (First, Middle, Last)	urner				2. DATE OF DEATH		
	219-28-37628	1 - M 2 X F	YRS. MON	THS DAYS	HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	Co	VA.
CTOR	DOATON HOS	spital 50	JIHLED .	BE	altimo	R		
IL DIRE	MD 100. STREET AND NUMBER			MORE	CITY		10g. CITIZEN C	LIMITS?
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S.	ARMED	If yes, spe	city Cuban, Mexica	n, Puarto Rican, atc.)	8	leck, White, atc.
	15. DECEDENT'S EDUCA (Specify only highest grade of Elementery/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	done during mo: red.)	N st of working	16b. KINO OF BUSI	NESS/INDUSTR	
ш	17. FATHER'S NAME (First, Middle, Last)		JUSEW I F	<i>P.</i> '	18. MOTHER'S NA			
TO B	2011		1537	N. WO	ODYEAR	ST./BALT	0.,MD	21217
TOTAL TRANS TOTAL								
	> Glades	Danes		WM.C.	MARCH	F.H. 110		NORTH AVE.
ERTIFICATION	ahock, or heart feliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO OP AS A CON	III DE CUE		1		etory arrest,	Interval Between
- 1	PART II. Other eignificent conditione	contributing to deeth but n	ot resulting in th	e underlying	g ceuse given in	PERFORI	WED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIA	EVALUATION -	HOSPITAL:	Lor		ACE OF OEATH (Ch	eck only one)	- 1	
IYSI	1 VES 2 TAO	1 Inpatient 2 ER/Outpatien	1 3 □ DOA 4 €	Nursing Hom			ILION COCIDE	0
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WO	RK?	200, DESCRIBE HOW IN	JUNY OCCURE	
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, stree	t, factory, offic			nd Number or Ru	ural Route Number,
OMPLE	(Check only							ise(a) and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	eif ne	1 Dree	· Kon	29c. LICENSE NUI	6ZZ	29d. DATE SIG	MED (Mohin, Day, Your)
Ĭ	A.L.MO	CALL SCURITY NUMBER S. SEX A. AGE (in: last birthoday) FUNDER 1 M 2 F WORTHOUSE FUNDER 1 YEAR FUN			5. C	Ren les	St	Bold
	31. DATE FEB 22 1990	132 REGISTRARIS SIGNATUR	Total 1					

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the same of the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be felled within 17 bloss state of cetath and when the typical principle principle principle distribution of the cetather of the cet

	1. DECEDENT'S NAME (First, Middle, Last, Joseph -Ke		ompson						2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	-						2	21	7	0	9 Ary 11
	215 03 7960	1 M 2 F	6. AGE (In yrs. In 84	YRS.	MONTHS I	DAYS	HOURS	MIN.	7. DATE (Month)	Day Year)	1905	Country	PLACE (State or Foreign ryland
E C	90. FACILITY NAME (If not inetitution, give Union Memorial H				96. CITY, T Balt				EATH			NTY OF DI	City
5	RESIDENCE OF DECEDENT										l Da	TLO.	CILY
DIRECTOR	10e. STATE 10b. COUN				r, TOWN OR		ION						10d. INSIDE CITY LIMITS?
	Maryland Balt	timore Ci	LY	l B	altimo		ZIP COD	E			10g. CIT	IZEN OF W	t X YES 2 NO
ER/	4225 Hickory Ave	enue					212	211			U.	S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDE FORCES?	NT EVER IN U.S. A 1 YES 2X WAR OR DATES		16.7	res, spe	icky Cub		NIC ORIGIN on, Puerto P		or No-		- American Indian, White, atc.
03	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. D	DECEDENT'S (Give kind of v	USUAL OCC	UPATIO	IN at of world	ina	16b.	KIND OF BU	USINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	No. Do NOT us	e retired.)								
MP G	8th 17. FATHER'S NAME (First, Middle, Last)		Wa	itch a	nd Cl	ock			AME (First, M		ery S	hop	
5 5	Roy Thompson								Agne		,		
BE	190. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRESS (Street a				-		D Code)	
2	Leola V. Thompso	n		4	225 H	lick	ory	Ave	nue	Balti	more,	Mar	yland21211
	20a. METHOD OF DISPOSITION 1 X Burlat 2 Cremetion 3 Re	moval from State	other	E OF DISPOS							OCATION -		
	4 Donation Mother (Specify)	JCENSEE	_ New	ew Cathedral Cemetery						Baltimore, Md ee-Henss Funeral Home			
CAGIT	+ dynn E	Burger	Dens	1)							nenss ore,		
	23. PART I. Ever the diseases, or shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. List offly one ce	POR AS CONS	no. Zury									Approximate Interval Between Onset end Daath
CERTIFICATION	Sequentisily list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
9 1	PART ii. Other significant condition	one contributing to	n death but not	regulting	in the und	orlulne		aluan ir	Dant t	Ode Was A	N AUTOPSY	100	WERE AUTOPSY FINDINGS
MEDICAL											ORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N. N.													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	C 5000 4 - 41 - 4	2 (222	OTHER:				heck only on				
PHYSICIAN	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE O (Month,	F INJURY Day, Year)	28b. TIM		6c. INJ	URY AT		a Other		INJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE	OF INJURY At I	home, farm,	itreet, fector					ATION (Street or Town, Stell		or or Rural F	Route Number,
COMPLETED	0001	SICIAN: To the best of) end menner as stated.
BEC	290 SIGNATURE AND TITLE OF GERTIF	E	0	1 11	0			ENSE NU			29d. DA	TE SIGNED	(Month, Day, Year)
10 8	Jockarl J	/lan	K /	t theu	dy		D	230	76		1	2 ~ 2	1-90
-	12 NAME AND ADDRESS OF PERSON W	DI AM	USE OF DEATH (IT	3 7.	Print)	Fa	1/5	7	Ref	7	121	1	
	31. DATE FILED (Month, Day, 16ar) FFR 22 199	O Fuller	mo	angue									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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FOR	STATE OF MARYL	ANN / DEPART	MENT OF H	FAITH AND I	MENTAL HYGIEN	_	0 04331	
1 - STATE REGISTRAR	SINIE OF MINITE		CATE OF		REG. NO			
1. DECEDENT'S NAME (First, Middle,	Last)				2. DATE OF DEATH	,	3. TIME OF DEATH	
Shyrl Dudley	Thompson				MONTH /	1 9 YE	AR 945 H	
4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.0	BIRTHPLACE (State or Foreign	
234-26-0177 99. FACILITY NAME (If not institution,	1 × M 2 □ F	78 YAS.	WONTHS DAYS	HOURS MIN.	March22,	1911	NestVirginia	
	7e.			ng Sun	AIN	9c. COUNTY		
RESIDENCE OF DECEDER	OUNTY	40 0077	TOWN OR LOCAT				10d. INSIDE CITY	
Md.	Baltimore	10c. CITY,	Baltin					
10. STREET AND NUMBER 7713 Wynbro			10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
5 7713 Wynbro	xok			21224		US	SA	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			NIC ORIGIN? (Specify Ya	a or No- 14.	RACE — American Indian,	
	FORCES? 1 YES			2 XNO Specify	n, Puerto Rican, etc.)		Bleck, White, etc. Specify:	
3 X Widowed 4 Divorced							White	
15. DECEDENT' (Specify only highes Elementary/Secondary (0-12)	S EDUCATION	16a. DECEDENT'S U	SUAL OCCUPATIO	N et of working	16b. KIND OF BU	SINESS/INDUST	RY	
Elementary/Secondary (0-12) 8th 17. FATHER'S NAME (First, Middle, La	College (1-4 or 5 +)		ork done during mos retired.) echanic	a o working	Tho	mpson-I	Lincoln	
17. FATHER'S NAME (First, Middle, La	ist)			18. MOTNER'S NA	ME (First, Middle, Maiden			
Cecil Thomps				Ola	Kate Lan	ce		
190. INFOHMANT'S NAME (Type/Print	·				Route Number, City or Tov		*	
Bill Thompso	n	2405	West Me	edical Ha	all Road B	elair M	d. 21014	
20a. METHOD OF DISPOSITION 1	200	PLACE OF DISPOSI	TION (Name of cen	netery, crematory or	20c. LC	CATION — City	or Town, State	
4 Donatton 5 Other (Specify		Gardens (of Faith	Cemeter	CV R	ossvill	e Md.	
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE			IO ADDRESS OF FA				
* (onnell	Fundalt	longe	Conne	elly Fune	eral Home	300MAce	Ave. 21221	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	:	Lung	cancer		Onset and Death	
5	0.		-					
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	iditions contributing to death b	ut not resulting Ir	the underlying	g cause given in	Part I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? 1 YES 2 NO	
2								
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATN (Ch	eck only one)			
1 TYES 2 NO	1 Inpatient 2 ER/Outp			e 5/ Residence	8 Other (Specify)			
E INCHARLING S PRINCIPAL		28b. TIME INJU	IRY WO	URY AT PRK?	28d. DESCRIBE NOW	INJURY OCCUR	ED	
a Contact	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	reet, factory, offic		28f. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,	
29a. CERTIFIER (Check only one) 2 MEDICAL ED	PNYSICIAN: To the best of my know	ledge, death occurre	d at the time, data	end place, and due	to the cause(e) and m	nner ee stated		
(Check only one) 2 MEDICAL EX	(AMINER: On the beele of examination						ruse(a) and menner as stated.	
29b. SIGNATURE AND TITLE OF CE	HTIPER /			29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)	
	ON WHO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type	Print)	D15	314	1 2/	20/90	
Henry Far				ake Ho	spice, E	lkton,	MD 21921	
31_DATG FILED (Month, Day; Year)	32. REGISTRAR'S SIGN	ATURE						
FER 22 1990	Julia Davidson-Rand	all.						
	9						DNMH-18 Rev 1/	

DNMH-18 Rev 1/89

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=	0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral district parts of the signed of the sign	e flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	upportant if item 28 is marked or item 23 shows any inliny or other fraumatic event, the medical examiner must be multiple
-	-	40	1

1 be detached for use as the burial-transit permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPART!			MENTAL HYGII		
	1. OECEOENT'S NAME (First, Middle, Last)	KZ	TXYL	OR		2. DATE OF DEATH	13 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-10-0492	12 M 2 🗆 F 🖇	YRS.	F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year 08/13	1201	BIRTHPLACE (State or Foreign Country) Carroll Co.Md.
RECTOR	9a. FACILITY NAME (If not Institution, give stands of LOSE) RESIDENCE OF DECEDENT	PH-+OSP	ITAL!	TOWN	SON DE	ATH / /	BXZ	-TIMORE
DIREC	10a. STATE 10b. COUNTY	1	10c. CITY, 1	TOWN OR LOCATI	on imore Ci	ty	JU T	10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
FUNERAL	10a. STREET AND NUMBER 4111 Mary Avenu	e		101.	ZIP CODE	.06	10g. CITIZEN	U.S.A.
BY FUN	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe		IIC ORIGIN? (Specity n, Puarto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify: White
LETED	15, DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use r	k done during mos etired.)			BUSINESS/INOUS	
COMPL	8th GRade 17. FATHER'S NAME (First, Middle, Last)		Chauffe	r	40 MOTHED'S NA	Balt ME (First, Middle, Mele	imore TI	Ransit
	Elias	Taylor			Bert		Ward	1
3 BE	19a. INFORMANT'S NAME (Type/Print)	14,101	19b. MAILING A	DORESS (Street ar		Route Number, City or		
T0	Elizabeth L. Tayl							Balto. MD.21206
	20a, METHOO OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place) rrollton				LOCATION — City	CArroll Co.MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	ADDRESS OF FAM	CILITY		Belair Road
CERTIFICATION		a. CARDIOLESA DUE TO (OR AS A DUE TO (OR AS A DIFFUSE C.	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	PAILUR	- G	h as cardiac or re	apiratory arrast	Approximate interval Between Onast end Deeth Limitable 2 Monthly A5-50 grand
AL	PART II. Other significant condition	a contributing to deeth b	ut not resulting in	tha underlying	ceuse given in	PER	AN AUTOPSY FORMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
N: MEDIC								DF DEATH? 1 ☐ YES 2 ☐ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	S C Rasidenca	8 C Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (M 1 Y	RK? ES 2 NO	28d. DESCRIBE HO	W INJURY OCCUP	RED
ED	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, str	eet, tactory, office		28t. LOCATION (Str City or Town, S		Rural Route Number,
COMPLET	one)	ER: On the basis of axamination						ause(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE LEVEN R. Molan				29c. LICENSE NUI			IGNEO (Month, Day, Year)
10	SERENA R. NOLAN	1,MD 803	5-A HAR	rint) FOLD R	s bour	make, pre	2/2	54
	31. DATE FILED (Month, Day, Year) FER 16 1990	32. REGISTRAR'S SIGN	ATURE					
	0							DHMH-16 Rev 1/89

					DEATH	, ,	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Law K	et) KRISTIN ELAJ	INA TEAGUE			2. DATE OF I	DEATN DAY 9 1990	YEAR 3.	7:20		
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birthday)	JF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		6. BIRTHPLA	CE (State or Foreign		
	N/A	1 M 2 TyF	YRS.	MONTHS DAYS	HOURS MIN.	(Month, De	6 1990	Country)	YLAND		
	9e. FACILITY NAME (If not institution, give	Δ		-	OR LOCATION OF DI			TY OF DEAT			
E			MED								
DIRECTOR	NATIONAL NAVAL	MEDICAL CE	ENTER	BI	ETHESDA			ONTGOM	ERY		
3E	10a. STATE 10b. COU	INTY	10c. Cl	TY, TOWN OR LOCA	TION			100	I. INSIDE CITY		
5	MARYLAND F	REDERICK		FREDI	ERICK			12	LIMITS!		
AL	100. STREET AND NUMBER	11202112011			M. ZIP CODE		10g. CITI	ZEN OF WNAT	COUNTRY?		
H	P. O. BOX 361				21701		117	TTTED	STATES		
FUNER	11. MARITAL STATUS	12. WAS DECEDENT I		13. WAS DE	CENDENT OF NISPAI	NIC ORIGIN? (S		14. RACE -	American Indian,		
- 61	1 Never Married 2 Merried	FORCES? 1	YES 2 NO		pecify Cubin, Mexice S 2 NO Specif		i, etc.)	Specify:	hite, etc.		
B	3 Widowed 4 Divorced				A	,		opvony.	WHITE		
E	15. DECEDENT'S E (Specify only highest gr		16e. DECEDENT'S	S USUAL OCCUPAT	ION	16b. KIN	D OF BUSINESS/IND	USTRY			
E I	Elementary/Secondary (0-12)	College (1-4 or 5+)	title. Do NOT L	ise retired.)	EVER						
릴	N/A		N		PLOYED		NONE				
COMPL	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle	e, Meiden Surname)				
E	TERRY JAM	IES TEAGUE			TER	ESA AN	N HAMMOCI	ζ			
0	19e. INFORMANT'S NAME (Type/Print)	(Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, 2									
5	TERRY J. TEAGUE										
	20a, METHOD OF DISPOSITION	or 20c. LOCATION — City or Town, State			State						
	1 X Buriel 2 Cremation 3 R	lemoval from Stete	other place) Trenton C		orratory, oromatory or	Trenton, Fl					
= 4	21. SIGNATURE, OF FUNERAL SERVICE	LICENSEE #A	100690		AND ADDRESS OF FA	CILITY	Trencon	, F101	Tua		
		1			s Funera						
<	23. PART I. Enter the diseases, or complications that caused the death. Do not onter the mode of dying, such as cerdiac or reepiratory arrest, Approximately approximate										
	23. PART I. Enter the diseases, or complications that caused the death. Do not onter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart feilure. List only one cause on each line.										
	IMMEDIATE CAUSE (Final	re. List only one ceuse	on each line.						Onset and D		
	disease or condition	MIIT.TTF	LE CONGENI	TAL ANON	MATTES						
	resulting in death)		R AS A CONSEQUENCE		1111111						
2		-									
0	Sequentially list conditions, if eny, leeding to immediate	DUE TO (O	R AS A CONSEQUENCE	OF):							
S	ceuse. Enter UNDERLYING	C.									
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEQUENCE	OF):							
H	resulting in death) LAST	d,									
- 11	PART II. Dther significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FIN										
EDICAL	PART II. Ditief significant condit	tions contributing to a	eeth but not resulting	in the Underlyi	ng ceuse given in	Part 1. 24	PERFORMED?	AW	RE AUTOPSY FIND MLABLE PRIOR TO		
ă						1 (X YES 2 NO		MPLETION DF CAL DEATN?		
LL P					4			1 [XYES 2 NO		
2											
Σ	25. WAS CASE REFERRED TO MEDICAL			-	PLACE OF DEATH (C	neck only one)					
Σ		HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	me 5 🗆 Residence	6 Other (Sp	pecify)				
SICIAN: M	EXAMINER? 1 TYES 2 XNO	1 D Inpatient 2 1		JURY AT			CURED				
SICIAN: M	EXAMINER?	28e. DATE OF IN					26d. DESCRIBE HOW INJURY OCCURED				
PHYSICIAN: M	EXAMINER? 1 VES 2 XNO 27. MANNER OF DEATH 1 X Natural 5 Pending	28e. DATE OF IN (Month, Day)		JURY W	VORK?						
BY PHYSICIAN: M	EXAMINER? 1 VES 2 XNO 27. MANNER OF DEATH 1X Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day)	NJURY — At home, farm.	M 1	YES 2 NO	26f. LOCATIO	ON (Street and Number	or Rural Rout	e Number,		
ED BY PHYSICIAN: M	EXAMINER? 1 VES 2 XNO 27. MANNER OF DEATH 1 X Natural 5 Pending	28e. DATE OF IN (Month, Day, on 26e. PLACE OF building, at	NJURY — At home, farm.	M 1	YES 2 NO		DN (Street and Number own, State)	or Rural Rout	e Number,		
ED BY PHYSICIAN: M	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1X Natural 5 Pending Investigative 2 Accident Investigative 3 Suicide 6 Could not determined	28e. DATE OF IN (Month, Day.) on 26e. PLACE OF building, at	Year) INJURY — At home, farm, c. (Specify)	JURY M 1	YES 2 NO	City or To	own, State)		e Number,		
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PLETED BY PHYSICIAN: M	EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1X Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not determined 4 Homicide 1X CERTIFYING PN	28e. DATE OF IN (Month, Day.) on 26e. PLACE OF building, at	Year) INJURY — At home, farm, c. (Specify) INJURY — At home, farm, ry knowledge, death occur	M 1	YES 2 NO	City or R	own, State) b) end menner es sta	led.			
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If How 28 is marked or How 23 shows any Injury, or other traumatic event, the medical examiner must be not the
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STATE REGISTRAR				0,112	OF DEATH	T	REG. NO.			
DECEDENT'S NAME (First, Middle, Last) GEORGE		G.		TY	REE	2. DATI MON' 2-	7-90	у у	/EAR	3. TIME OF DEATH 1:25PM
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YE	EAR IF UNDER 24 HRS.	7. DATE (Mon	th, Day, Year)	8.	Country	PLACE (State or Foreign
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e. FACILITY NAME (If not institution, give str	eet end number)			9b. CITY, TO	WN OR LOCATION OF D	EATH		9c. COUNTY	Y OF DE	ATN
Memorial Hospit	al			Cumb	berland			Alleg	any	County
De. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO	OCATION					10d. INSIDE CITY LIMITS?
MD. ALLI	EGANY		CUN	MBERLA	AND					1 YES 2 NO
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FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First,	Middle, Maiden	Surname)		
GEORGE THOMAS TY	YREE				DOLL	Y JE	AN CLAF	RK		
e. INFORMANT'S NAME (Type/Print)			19b, MAILING	ADDRESS (St	treet and Number or Rural				ode)	
AN TYREE (son)			507 Be	eall S	St., Cumber	rlan	d, Md.	2150	2	
De. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Remo Connection 5 Other (Specify)	val from State		CE OF OISPOSI or place)	ITION (Name o	of cemetery, cremetory or		20c. LO	CATION — CIT	y or To	vn, State
. SIGNATURE OF FUNERAL SERVICE LICE	ENGEE /		. 0.			AOII ITY				
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after the second of the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by ** Immediate age 5 should be detached for us.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4. SOCAL SECURITY NUMBER 220-44-1300 1	REGISTRAR 1. OECEDENT'S NAME (First, Middle,	Last)		TIFICATE OF	DEATH	2. DATE OF			3. TIME OF DEATH
SOCIAL SIGNATY NUMBERS 2.0 - 44 - 130.0 1.0 SET F 90 1.	ELIZA	ABETH TIEFE	NTHAL			монтн 1	22 DAY	90	4:30P
Sequentially list confidence for the state and muleary SECONTY NAME (If not institute, plus state and muleary) SECONTY DEFORMY SECONTY DEFO				MONTHS DAYS				8. BIRT	HPLACE (State or Foreign
Security Security	90. FACILITY NAME (If not institution, 500 W. UNIVERS	SITY PKWY.				EATH		OUNTY OF	DEATH
190. STRET AND NUMBER 500 W. UNIVERSITY PARKWAY 12. WAS DECEDENT EVEN IN U.S. AMAGE PORCESS 1 YES 2 DAYN 13. MARTIAL STRUB 12. WAS DECEDENT FURTH IN U.S. AMAGE PORCESS 1 YES 2 DAYN 14. MARTIAL STRUB 15. WAS DECEDENT OF WASHERS 16. WAS DECEDENT OF WASHERS 17. WAS DECEDENT OF WASHERS 18. MARTIAL STRUB 18. MARTIAL STRUB 19. MARTIAL OCCUMENTON (School you higher and encouphing) 19. MARTIAL OCCUMENTON (School you higher and encouphing) 19. MARTIAL OCCUMENTON (School you higher and encouphing) 19. MARTIAL DOTHER'S NAME (First, Model, Last) 19. MARTIAL DOTHER'S NAME (First, Model, Martial School) 20. LOCATION — CRy or Town, State 21. AMM AND ADDRESS (Climate and Aumbor or Furst Flouris Martial School) 21. MARTIAL DOTHER'S NAME (First, Model, Martial School) 22. MARTIAL SCHOOL OF CORNELLY 23. MARTIAL DOTHER'S NAME (First, Model, Martial School) 24. MARTIAL DOTHER'S NAME (First, Model, Martial School) 25. MARTIAL DOTHER'S NAME (First, Model, Martial School) 26. MARTIAL DOTHER'S NAME (First, Model, Martial School) 27. MARTIAL DOTHER'S NAME (First, Model, Martial School) 28. MARTIAL DOTHER'S NAME (First, Model, Martial School) 29. MARTIAL DOTHER'S NAME (First, Model			104						
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Elementary/decondary (0-13) College (1-4 or 5-1) College (1-4	1 Never Merried 2 Merried	FORCES?	1 YES 2 NO	If yes, s	pecify Cuban, Mexic	en, Puerto Rice		Spec	ck, White, atc.
117. PATHER'S NAME (First, Microbia, Last) 119. INFORMANT'S NAME (First, Microbia, Last) 119. INFORMANT'S NAME (First, Microbia, Malcions) 119. INFORMANT'S NAME (First, Microbia, Malcions) 120. INFORMANT'S NAME (First, Microbia, Malcions) 121. INFORMANT'S NAME (First, Microbia, Malcions) 122. INFORMANT'S NAME (First, Microbia, Malcions) 123. INFORMANT'S NAME (First, Microbia, Malcions) 124. INFORMANT'S NAME (First, Microbia, Malcions) 125. INFORMANT'S NAME (First, Microbia, Malcions) 126. INFORMANT'S NAME (First, Microbia, Malcions) 127. INFORMANT'S	(Specify only highes	grade completed)	(Give ki	nd of work done during n		16b. KI	ND OF BUSINESS/	INDUSTRY	
20s. METHOD OF DISPOSITION Burfal 2 Crametion 3 Removal from State 20s. PLACE OF OSPOSITION (Name of January, cramatory or other (Specify) 20s. LOCATION — City or Town, State 1 Surface 17. FATHER'S NAME (First, Middle, La	st)		Dent (ST	18. MOTHER'S NA	AME (First, Midd	dle, Malden Surname	9)		
Surfal 2 Crameton 3 Clemenous from State Giffer piece)	196. INFORMANT'S NAME (Type/Print)	19b. MA	AILING ADDRESS (Street	and Number or Rural	Route Number,	City or Town, State,	Zip Code)	
22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BAORD, BALTO., MD. 201 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on sech line. IMMEDIATE CAUSE (Final diseases or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, teeding to immediate evenuse. Enter NDERLYMO CAUSE (Final diseases or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): 24a. WERE AUTOPSY PERFORMED? 1 YES 2 NO 25b. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 25c. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 25c. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 26c. PLACE OF DEATH (Check only one) 26c. PLACE OF DEATH (Check only one) DATE OF MAINTY 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 26c. PLACE OF DEATH (Check only one) DATE OF MAINTY 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 26c. PLACE OF DEATH (Check only one) DATE OF MAINTY 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 26c. PLACE OF DEATH (Check only one) DATE OF MAINTY 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 26c. PLACE OF DEATH (Check only one) DATE OF MAINTY 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 26c. PLACE OF DEATH (Check only one) DATE OF MAINTY 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 26c. PLACE OF DEATH (Check only one) DATE OF MAINTY 1 YES 2 NO DUE	1 Buriel 2 Cremetion 3		20b. PLACE OF C other place)	DISPOSITION (Name of a	emetery, crematory or		20c. LOCATION	— City or 1	Town, State
INMEDIATE CAUSE (Final Cause) Sequentially list conditions, if any, teeding to immediate ceuse. Enter VIDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE	23. PART I. Enter the disease	, or complications the	let coused the death.	STAT					Approximate
If any, leeding to Immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A	iMMEDIATE CAUSE (Final disease or condition	. chr		mphocyt	ic lea	kemi	4		Onset end De
that Initiated events resulting in deeth) LAST d. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth not not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth not not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth not not resulting in the underlying cause given in Part I. PART II. Other significant conditions contribution part II. Other II. Other II. Other II. Other II. Other II. Other II. Other II. Other II. Other II. Other II. Other II. Other II. Other II. Othe	if eny, leeding to immediate ceuse. Enter UNDERLYING	b. OVE T	O (OR AS A CONSEQUEN	ICE OF):					
25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF OEATH 1 YES 2 NO 28. DATE OF INJURY 1 Natural 29. DATE OF INJURY (Month, Dey, Year) 29. DATE OF INJURY 3 Suicide 4 Noneide 8 Could not be determined 28. PLACE OF INJURY — At home, ferm, street, fectory, office 29. CERTIFIER (Check only one) 28. PLACE OF INJURY — At home, ferm, street, fectory, office 28. PLACE OF INJURY — At home, ferm, street, fectory, office 29. CERTIFIER (Check only one) 28. PLACE OF INJURY — At home, ferm, street, fectory, office 28. PLACE OF INJURY — At home, ferm, street, fectory, office 29. CERTIFIER (Check only one) 28. PLACE OF INJURY — At home, ferm, street, fectory, office 29. CERTIFIER (Check only one) 29. LICENSE NUMBER 29. DATE SIGNSD (Month, Pey, Year)	that initisted events	DUE T	O (OR AS A CONSEQUEN	ICE OF):					
EXAMINER? YES 2 NO	PART II. Other significent con	ditione contributing t	o deeth but not resul	iting in the underly	ng csuse given ir		PERFORMED?	/	Ib. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DDA 4 Nursing Home 5 Presidence e Other (Specify) 27. ManNER OF CEATH 1 Netural 5 Pending Investigation 2 Se. DATE OF INJURY 29b. TIME OF INJURY M 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, fectory, office 28e. PLACE OF INJURY — At home, ferm, street, fectory, office 28e. PLACE OF INJURY — At home, ferm, street, fectory, office 28e. PLACE OF INJURY — At home, ferm, street, fectory, office 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER CMARK TAN MO 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Sey, Year) 29d. DATE SIGNED (Month, Sey, Year) 29d. DATE SIGNED (Month, Sey, Year)	25. WAS CASE REFERRED TO MEDI	CAL		26.	PLACE OF DEATH (C	hack only one)			
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29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER CMARK TAN MO 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Sey, Year) 29d. DATE SIGNED (Month, Sey, Year)	2 Accident Investig	ation	Day, Year)	M 1	VORK? YES 2 NO				
(Check only 1 SCENTIFYING PHYSICIAN: 10 the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(e) end menner early and stated. 29b. SIGNATURE AND TITLE OF CERRIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, pay, Year) 3 6 9 0 2 2 1 4 9 9 9	_ o outui	tot be building	g, etc. (Specify)	term, atreet, factory, of	ile.			noer or Rural	route Number,
68 Maletan (MEKTAN MO.) D36902 >2/14/90	(Check only								(e) end menner se stated
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Pript)	29b. SIGNATURE AND TITLE OF CE	ANTHER (MEKTAN	(mp.)	D369	JMBER 02	29d, f	DATE SIGNS	19/96
MARKTAN MO 3925 SSECHAV BALTO, MO 2/21)				(Type, Print) ECHAV	BAZT	0, N	10 212	1)	

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR		CERTIF	ICALE	OF DEA	IH	REG	. NO.		
- 1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA	TH	3. TIME OF DEATN	
1	Benjamin		Vaud	than			Februa	DAY	YEAR 1990 6:34A M	
		SEX 6. AGE (III	yrs. last birthday)	IF UNDER 1 Y	FAR IF UNDE	R 24 HRS.	7. DATE OF BIRT		8. BIRTNPLACE (State or Foreign	
	115111111111111111111111111111111111111	■ M 2 □ F	YRS.		AYS HOURS	MIN.	(Month, Day, Y 3/10/	26	Country) N. C.	
	9a. FACILITY NAME (If not institution, give street	and number)		96. CITY, TO	WN OR LOCAT	ION OF DE	ATN	9c. COU	INTY OF DEATN	
DIRECTOR	Maryland General Hos	spital		Ва	ltimor	e Cit	У			
C	10a. STATE 10b. COUNTY		10c, CIT	Y. TOWN OR I	OCATION				10d. INSIDE CITY	
	MD					RE CITY DE YES 2 NO				
AL	10e. STREET AND NUMBER				101. ZIP COL	DE		10g. CIT	IZEN OF WNAT COUNTRY?	
FUNERAL	548 BAKER STREE				2.	1217			USA	
5	11. MARITAL STATUS 12 **Convert Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 YES					IC ORIGIN? (Spec		14, RACE — American Indian, Black, White, etc.	
ВУ	IF YES, GIVE WAR OR DATES 1 □ YES 2 1 □ NO Specify: Specify: BLAC							Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON pleted)	16e. DECEDENT'S	work done duri	PATION ng most of work	dng	I6b. KIND C	OF BUSINESS/IN	DUSTRY	
PLE	Elementary/Secondery (0-12) C 5th Grade	ollege (1-4 or 5+)	CONSTR		7.77		77.0			
M	17. FATNER'S NAME (First, Middle, Last)		CUNSIN	0011		THE PLOT ALL A	NA ME (First, Middle, M	4.11. 0		
		7 77 4 99					_,_,_,	,		
BE	PAUL VAUC	HAN					MAY B			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	treet and Numb	er or Rural F	Route Number, City	or Town, State, Zij	p Code) 19802	
-	PAULINE M. SI	TIGER	2415	TATI	VALL ;	STRE	ET/WIL	MINGTO	DN. D.C	
in	20a. METHOD OF DISPOSITION 10 Burial 2 Cremation 3 Removal 4 Donation 5 Donation (Specify)	from State 20b.	PLACE OF DISPO						City or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE /	WESTER		ME AND ADDR			CATONS	SVILLE MD	
	11.1.16	× 100 1			WE AIRD ADDIS	L30 01 1M	Office			
	alber L.	illiamo		WM.	. C . M.	ARCH	F.H.	1101 F	NORTH AVE.	
CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Metastatic DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE O	F): F):	nchoge	nic c	carcinom	aa.	Onset and Death	
H	d		-							
	PART II. Other significant conditions c	ontributing to death by	rt npt resulting	In the unde	riving cause	given in	Part I. 24a, W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
EDICAL.						_	P	ERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE	
O						-	_ ' '	YES KANO	OF DEATH?	
Σ							_		1 TES 2 NO	
ÿ									-	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	26. PLACE OF	DEATH (Ch	eck only one)			
S		Inpatient 2 KER/Outp	atlent 3 🗆 DOA		Home 5 🗆 I	Residence	6 Other (Specia	(y)		
PHYSICIAN:	27. MANNER OF DEATN 1 S Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. Till IN	JURY	c. INJURY AT WORK?	□NO	26d, DESCRIBE	HOW INJURY OC	CCURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— Al home, farm,				281. LOCATION (City or Town,		er or Rural Route Number,	
E	4 Nomicide determined									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER: C								ated. the cause(e) end menner ee stated.	
BE	29b. SIGNATURE AND THE STATE OF	Tal.	19	1/1	29c. LI	CENSE NUI	WBER		TE SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C					. / /	-		-/ -1/ 50	
	Darshan Saluja,	M. D. c/c) Maryla	nd Ger	neral I	Hospi	tal			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	_							
_	FFR 22 1990 dul	Davidson-Ran	de 12 -							

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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 is us after	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
	1	3

FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR O JASPERWilliAMS/ 12 noon " Jasper 2 Williams 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 578-44-4161 1 2 M 2 | F DAYS 12 YRS. 4/13/17 ArolinA 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THERES BLANDBRY ANT NUrsing Cent Baltimore DIRECTOR 25 Tonsul MD RESIDENCE OF DECEDENT 10a STATE 10h COUNTY Maryland Baltimore Catonsville 1 YES 2 NO 55 WADE AVENUE 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL Tawes Bldg., SGHC/ Spring Grove Hosp 21228 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puarto Rican, atc.)
1 ☐ YES 2 N NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES BΥ 3 Widowed 4 Divorced BLACK ETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTR (Specify only highest grad Elementary/Secondary (0-12) College (1-4 or 5+) Element ary ontractor and Stone MASON COMPI 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert 10 BE notified 19a. INFORMANTO MANE 2 Holly AVENUE/Catonsville pe 20a. METHOD OF DISPOSITION 1 W Buriet 2 Cremation 20b. PLACE OF DISPOSITION (Name of com 20c. LOCATION - City or Town, State must 1 M Buriat 2 Cremation 3 Removal from Stata
4 Donation 5 Other (Specify) Cemetary atonsville. Marydand examiner 21. SIGNATURE OF BUNFRAL REPVINE I MENE nch Foneral 23. PART I. Enter the diseases, Dr complications that caused the death. DD not enter the mode of dying, such as cardiac or respiratory errest, medical Approximata shock, or heart failure. List only one cause on each line. intervai Between 0 Onset and Death **IMMEDIATE CAUSE (Final** the disease or condition neuman resulting in death) crema other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): burial, uc CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): the State Dept. of Health and Mental Hygiene prior to If sny, leading to immediate cause. Enter UNDERLYING lugerie Brown CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST injury, or PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 0 any 1 TYES 2 NO shows a 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item **EXAMINER?** OTHER: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 🗌 Nursing Home 5 🗌 Residence 8 🗍 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c, INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, with 1 Natural 5 Pending 1 YES 2 NO BY 72 hours after death Investigation 2 Accident 28s. PLACE OF INJURY — All home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CULTURE 29d, DATE SIGNED (Month, Day, Year) 图 1753 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8pm AWES Szore (a 32. REGISTRAN'S SIGNATURE Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

9a. FACILITY CHURCE PESIDENT 10a. STATE MARYI 10b. STREET 7831 11. MARITAL: 1	AND NUMBER BANK ST	I CORPC Y IMOTE 12. WAS DECEDENT FORCES? IF YES, GIVE W COMPleted) College (1-4 or 5	AT EVER IH U.S. AI VES 2 NAR OR OATES 16s. Di (() Ho	PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF T	9b. CITY, TOWN OR	TOWN O	ZIP CODE 21224 EHDENT OF HIS PORTY Cuban, Ma 2 NO Sp	PAHIC ORIGINAL PRINTS OF THE PAHIC ORIGINAL P	Rican, atc.)	898 sc. COUHT	Country) ITEL Y OF DEAT 10 1 1 S.A. 4. RACE— Black, W Specify:	
CHURCE RESIDENT 10a. STATE MARY 10b. STREET 7831 11. MARITAL: 1	CH HOSPITA CE OF DECEDENT 10b. COUNT Balt AND Balt AND NUMBER BANK ST STATUS STATUS STATUS Carried 2 Married od 4 Divorced (Specify only highest grade Try/Secondary (0-12) NAME (First, Middle, Lest) in Clinton ANT'S HAME (Type/Print) d Warner, St O DISPOSITION 2 Cremation 3 Ram on 6 Other (Specify)	I CORPC Y IMOTE 12. WAS DECEDENT FORCES? IF YES, GIVE W COMPleted) College (1-4 or 5	AT EVER IH U.S. AI VES 2 NAR OR OATES 16s. Di (() Ho	10c. CIT RMED HO ECEDENT'S Give kind of the Delta of th	BAL 13. W 17. TOWN OR 13. W 11 1 1 1	IT IN 101. 101. AS DECI	MBRE CODE ZIP CODE 21224 EHDENT OF HIS PORT PAHIC ORIGINAL ORIGIN	Rican, atc.)	10g. CITIZE U . a or Ho — 1	S . A . 4. RACE — Black, W Specify:	d. INSIDE CITY LIMITS? YES 2 M HO IT COUHTRY? American Indien, rhita, stc.	
10. STREET 7831 11. MARITAL: 1	AND Balt AND NUMBER BANK ST STATUS Namied 2 Married 15. DECEDENT'S EDU (Specify only highest grade ry/Secondary (0-12) NAME (First, Middle, Last) in Clinton AHT'S HAME (Type/Print) d Warner, Sr DO OF DISPOSITION 2 Cremation 3 Ram on 6 Other (Specify)	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V CATIOH completed) College (1-4 or 5	1 ☐ YES 2 ☑ MAR OR OATES 16a. DI (C) (High	RMED HO ECEDENT'S Give kind of to Do NOT u OMEMA	13. Will If 1 [1] S USUAL OCC work done du work done du ker	AS DECI yes, spe	ZIP CODE 21224 EHDENT OF HIS Polity Cuban, Ma 2 No Sp HH st of working	PAHIC ORIGINATES OF THE PARTY O	Rican, atc.)	U a or Ho— 1	S . A . 4. RACE — Black, W Specify:	LIMITS? YES 2 HO T COUHTRY? American Indian, fhita, stc.
Elementar 17. FATHER'S MART 19a. INFORM. Roland 20a. METHOD 1 A Surial 4 Donatio 21. SIGHATUF 23. PART I. IMMEDIATE disease or resulting in	BANK ST STATUS Married 2 Married old 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade ry/Secondary (0-12) NAME (First, Middle, Lest) in Clinton AHT'S HAME (Type/Print) d Warner, St OF DISPOSITION 2 Cremation 3 Ram on 6 Other (Specify)	FORCES? 1 IF YES, GIVE \ CATIOH Completed) College (1-4 or 5	1 ☐ YES 2 ☑ MAR OR OATES 16a. DI (C) (High	ECEDENT'S Give kind of te. Do NOT u OMEMA	USUAL OCCUMOR done du se retired.)	AS DECI yes, spe	21224 EHDENT OF HIS PICTURE OF NO Sp H St of working	PAHIC ORIGINATES OF THE PARTY O	Rican, atc.)	U a or Ho— 1	S . A . 4. RACE — Black, W Specify:	American Indien, thita, atc.
Elementar 17. FATHER'S MART 19a. INFORM. Roland 20a. METHOD 1	iarried 2 Married d 4 Diverced d 4 Diverced d 5. DECEDENT'S EDU (Specify only highest grade ry/Secondary (0-12) NAME (First, Middle, Lest) In Clinton AHT'S HAME (Type/Print) d Warner, Sr O Disposition 2 Cremation 3 Ram on 6 Other (Specify)	FORCES? 1 IF YES, GIVE \ CATIOH Completed) College (1-4 or 5	1 ☐ YES 2 ☑ MAR OR OATES 16a. DI (C) (High	ECEDENT'S Give kind of te. Do NOT u OMEMA	USUAL OCCUMOR done du se retired.)	yes, spe	ecity Cuban, Ma 2 NO Sp H st of working	rican, Puerto ecify:	Rican, atc.)		Specify:	
Elementar 17. FATHER'S Mart. 19a. IHFORM. Roland 20a. METHOD 1 A Suriel 4 Donatio 21. SIGHATUF MMEDIATE disease or resulting in	(Specify only highest grade ry/Secondary (0-12) NAME (First, Middle, Last) In Clinton AHT'S HAME (Type/Print) d Warner, Sr O OF DISPOSITION 2 Cremation 3 Rarr on 6 Other (Specify)	completed) College (1-4 or 5	+) H(Give kind of e. Do NOT u OMEMA	work done du se retired.) i.ker	CUPATIO uring mos	st of working		b. KIHD OF BU	SIHESS/IHDU	STRY	4 = 1
Mart 19a. IHFORM Roland 20a. METHOD 1 Surial 4 Donatio 21. SIGHATUF 23. PART I. IMMEDIATE disease or resulting in	in Clinton AHT'S HAME (Type/Print) d Warner, SI O OF DISPOSITION 2 Cremation 3 Rarr on 6 Other (Specify)	oval from State	20b. PLACE	9b. MAILING			16. MOTHER'S	NAME (First,				
19a. IHFORM Roland 20. METHOD 1	AHT'S HAME (Type/Print) d Warner, Sr D OF DISPOSITION 2 Cremation 3 Ram in 6 Other (Specify)	oval from State	20b. PLACE		ADDRESS (0 . 1	37 0		Surname)		
20a, METHOD 1	OF DISPOSITION 2 Cremation 3 Ram in 6 Other (Specify)	oval from State	20b. PLACE			(Street a	Sarah			vn, State, Zip C	code)	
1 Dunal 4 Donatio 21. SIGHATUR 23. PART I. IMMEDIATE disease or resulting in	2 Cremation 3 Ram on 6 Other (Specify)		other p	OOTI	Dulut		venue-					
23. PART I. IMMEDIATE disease or resulting in			S+ Pa	oface)			c Churc			OCATION — CI		State
IMMEDIATE disease or resulting in	hatter &.	Dabro	wsk)	22. H	AME AH	er Dab	FACILITY rowski	Fune	ral Ch	apel	. 21224
	Enter the diseases, or shock, or heart fellure. ECAUSE (Finel condition	List only one car			not enter t	the mod	da of dying,	nuch as car	diac or reep	olratory arra-	et,	Approximata Interval Between Onset and Deet
Sequentiell If any, laad cause. Ente CAUSE (Die that initiate	n death)	8	OR AS A COHSE	EOUEHCE O	OF):				- # -			
If any, lead cause. Ente	ly list conditions	D	ERE AS									
	ling to immediate er UNDERLYING seese or injury ad events	c COR	ONARY ONARY ONARY	ARTE	RY D	ISE	EASE					
i lesoning ii	desth) LAST	d										
PART II. OI	ther significent condition	na contributing to	death but not	reculting	In the und	derlying	g cause giver	In Part I.	24a. WAS AI PERFO 1 YES	RMED?	Al CC	ERE AUTOPSY FINDINGS MALABLE PRIOR TO DIPLETION DF CAUSE F DEATH? YES 2 HO
EXAMINE	E REFERRED TO MEDICAL ER? 6 2 0 HO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	:	ACE OF DEATH					
27. MAHHER	ral 5 Pending		Impetiant 2 ER/Outpetiant 3 DOA 4 Hursing Home 5 Residence 6 Other (Specify)									
	icide datarmined	28s. PLACE (building	OF IHJURY — At h , atc. (Specify)	nome, farm,	street, factor	ry, office			CATIOH (Street or Town, State	and Number o	r Aural Aou	le Number,
29a. CERTIFIE (Check or one)		ICIAH: To the best o										nd manner as stated.

30. HAME AHD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
CHURCH HOSPITAL CORPORATION 100 N BROADWAY

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and certificate in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

3280

20 90

Dr. S. Gupta Memorial HOspital Medical Bldg. Cumberland, MD 21502

22 1990

32. REGISTRAR'S SIGNATURE -Randell

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be removed the man be removed.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 with the first part of Health and Mental Hiviene prior to burfal, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (First, Middle, La	1			2. DATE OF	F DEATH DAY 8	3. TIME OF DEATH					
George				T	Wilson	2		90°	10:00A		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER 1 YE	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF (Month, E	BIRTH Day, Year)	8. BIRTHPLACE (State or a Country)			
578-18-2852	1 □XM 2 □ F	66	YHS.				0/1923	2.3 South Car			
2438 St. Clair					ple Hills	ATH			nce George's		
10a. STATE 10b. COL	NTY				LOCATION			10d, INSIDE CITY			
Maryland Prin	ce George	e George's T			Hills				1 TYES 2 NO		
10e. STREET AND NUMBER							10g. CI1	TIZEN OF V	ZEN OF WHAT COUNTRY?		
2438 St. Cla	ir Drive				20748		Uni	United States			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 X YES 2 WAR OR DATES	ARMED NO	If ye	S DECENDENT OF HISPAI es, specify Cuben, Mexics YES 27 NO Specif	n, Puerto Ric		Black	— American Indian, c, Whita, atc.		
15. DECEDENT'S	DUCATION	16a, I	DECEDENT'S	USUAL OCCU	JPATION	16b, K	IND OF BUSINESS/IN	DUSTRY			
(Specify only highest g Elementary/Secondary (0-12)	ede completed) College (1-4 or 5		(Give kind of Ife. Do NOT u	work done durir se retired.)	ing most of working						
12th Grade			Mail	Cler	rk						
17. FATHER'S NAME (First, Middle, Last)						ME (First, Mid	ddle, Maiden Sumame)				
Frank Wilson					Marie	W	ilson				
19a. INFORMANT'S NAME (Type/Print)			196. MAILING	ADDRESS (S	treet end Number or Rural	Route Number	, City or Town, State, Z	ip Code)			
Alfreda Wils	on		243	8 St.	. Clair D	r., 7	Temple F	Hills	s. MD.		
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COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Randell?

Ann M. Dixon, M.D.-Deputy

OHMH-16 Rev 1/89

21201

111 Penn St., Baltimore, MD

Kai-Yiu Yeung,
31. DATE FILED (Month, Day, War)
LB 22 1990

M.D. 8926 Woodyard Rd.,

he Lavidson-Randolls

#201 Clinton, MD, 20735

PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be written at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
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In detected to use at the burnt-transit permit. Pages 1, 2, 3 should

FOR 1 - STATE	STATE OF MAR				D MENTA			91	0 0434
REGISTRAR		CERT	IFICATE (OF DEATH		REG. NO		L	. TIME OF OEATN
1. DECEDENT'S NAME (First, Middle, Last) CIFOLA	WILLIAMS				MONT		AY	YEAR	
4. SOCIAL SECURITY NUMBER		NGE (In yrs. lest birthdi	ay) IF UNDER 1 YE	AR IF UNDER 24 HR	2 7 DATE	OF BIRTH	.6	90	10:15 PMI
579-38-0166	1 🗆 M 2 🙀 F	65 YRE	MONTHS DA	YS HOURS MI	May	h, Day, Year)	1924	Sountry)	th Carolina
9e. FACILITY NAME (If not institution, give str				WN OR LOCATION O			9c. COUN	TY OF DEA	TH
9207 Lincoln A	venue		Uppe	er Marl	ooro		Pri	nce	George's
10a. STATE 10b. COUNTY		10c.	CITY, TOWN OR L	OCATION				1	Od. INSIDE CITY
Maryland Princ	e George	's	Upper 1	Marlbor	0		I 40 0/7/7		YES 2 NO
9207 Lincoln	Avenue			20772					States
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EX- FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If ye	DECENOENT OF HIS s, specify Cuben, Me YES 2 NO S	xican, Puerto		s or No—	Black, Specify:	
15. DECEDENT'S EDUC	ATION	ter pecepen	IT'S USUAL OCCU	DATION	400	. KIND OF BU	CINICOS (INICI	Bla	ick
(Specify only highest grade of Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5 +)	(Give kind life. Do NC	of work done during the second of the second	ng most of working	100	A KIND OF BO	SINESS/INDC	SINT	
17. FATHER'S NAME (First, Middle, Last)			uaurre		S NAME (First,	Middle, Maiden	Sumame)		
Earl Johnson				T24-1	hı=1T				
19e. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADORESS (St	reet and Number or R			vn, State, Zip	Code)	
Marcus William	S	926	07 Tin	coln Ave	0 70 11 0	II.	1/-	7 1	145
20a. METHOD OF DISPOSITION		20b. PLACE OF DIS		of cemetery, crematory			CATION —		
1 Buriel 2 Cremetion 3 Remo	val from Stata	Marvla	and Nat	cional		T.	aure	1 _ M	arvland
21. SIGNATURE DI FILI ERAL SERVICE LIC	ENSEE STULL	t . III	22. NAI	me and address of tewart	Funer	al Ho	me		
23. PART I Enter the diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Final disease of condition resulting in deeth)		on eech Ilna.	o not antar the	a moda of dylng,	auch aa car	diac or reap	elratory arre	et,	Approximata Interval Between Onset end Death 2 Years
	DUE TO (OR	AS A CONSEQUENC	E OF):	WEUT THE	astibi	5-10-1	ura		7 Mos.
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	AS A CONSEQUENC	E OF):						
thet initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENC	E OF):						
PART II. Other algnificant condition	e contributing to de	ath hut not requite	no In the unde	rlying cause give	n In Dart I	1 24- MM C AI	H ALITTOREY	1 045 1	WERE ALTONOOV ENLOSINO
				The state of the s		246. WAS AF PERFO 1 YES	RMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH	H (Check only o	ine)			
1 TYES 2 NO	1 Inpatient 2 EF	VOutpetlant 3 DO		Home 5 Reside	nce 6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJ (Month, Day,		INJURY	c. INJURY AT WORK?		SCRIBE NOW	INJURY OCC	URED	
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF IN	IJURY — At home, fa (Specify)	rm, street, factory	, office	281. LO	CATION (Street or Town, State	and Number	or Rural Ro	oute Number,
29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICONE) 2 MEDICAL EXAMINE	CIAN: To the best of my								and manner as stated.
29b. SIGNATURE AND TITLE OF COUNTRY	Quo D			29c, LICENSE			29d. DATE	SIONED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type, Print)	D14	730	-	1 2	/20/	1990

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY GYEAR DAY GYEAR D											
DIRECTOR	4. SOCIAL SECURITY NUMBER	0 0,370			s. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. OATE OF BIRTH		8. BIRTHPLACE (State or Foreign		
	234 38 7892	1 M 2 F		ONTHS DAY		MIN.	(Month Day Ve	1/1924	Count			
	9e. FACILITY NAME (If not institution, give s			9	b. CITY, TOV	N OR LOCAT	ION OF DE	ATM	00 001	JNTY OF C		
	UNIVOF MANYLAND 225. GREENE ST BALTMO. BALT.											
REC	10a. STATE 10b. COUNTY	ps/			OWN OR LO						10d. INSIDE CITY	
	WV OT	Mineral		PI	EPM	ONT			1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 44 a). HAM		10f. ZIP COOE				10g. CITIZEN OF WHAT COUNTRY? USA					
S	1. Marinal Status 1. Marinal Marinal 2 Marinal FORCES? 1 YES 2 Marinal FORCES?				MED 13. WAS DECENDENT OF HISPAN			IIC ORIGIN? (Specify Yas or No- 14. RAC			CE — American Indian, ck, White, etc.	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAI		160		If yes, specify Cuban, Maxican, Pu 1 YES 2XXNO Specify:			c.)	ity: Cauc.		
E	15. DECEDENT'S EDU (Specify only highest grade		16e. DE:	CEDENT'S US ve kind of work Do NOT use n	UAL OCCUP	ATION most of work	ing	166. KIND C	F BUSINESS/IN	IOUSTRY		
PLET	Elementary/Secondary (0-12) n/a	,			ic			House				
at once.	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, M		_		
111 07	PHILLIP XX	XXXXXXX					Major of J	/ -	SH IPE			
examiner must be notified TO BE	19th. INFORMANT'S NAME (Type/Print) CESCIE SEBLIMIND. 19th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 27 S. GREENE ST GALT m 0 2/20/											
q tsn:	20a. METHOD OF DISPOSITION M. Method 2 Gremetion 3 Rem	oval from Sinte	20b. PLACE other pie						c. LOCATION -			
ner n	4 Donation 5 Other (Specify) Philos Cemetery Westernport, Md.											
	Boal-Warnick Funeral hOme Westernport, Md. 21562											
went, the medical	23. PART I. Enter the diseases, or complications the caused the deeth. Do not enter the mode of dying, such se cardiec or respiratory arrest, abock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Due TO (OR AS A CONSEQUENCE OR): Approximate interval Between Onest end Death Onest end Death											
traumatic event,	Sequentially flat conditions, if any, leading to immediate our consequence of the investment of the in											
other TIFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST											
- 111		d										
hows any injury, MEDICAL CI	5/01/	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i.							art i. 24s. WAS AN AUTOPSY PERFORMEO?		. WERE AUTOPSY FINOINGS AMILABLE PRIOR TO	
EDIC	of tracheorotomy							- 1/51			COMPLETION OF CAUSE OF DEATH?	
Show		3p resiche glomus gligeuse tumo										
	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
SICIAN	EXAMPLET? 1 VES 2 NO 1 Inputent 2 ER/Outpettent 3 OAA 4 Nursing Home 5 Residence 8 Other (Specify)											
0 >	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED INJURY											
is marked, D BY PH	1 Natural 5 Pending 2 Accident Investigation		YES 2	□ NO	281. LOCATION (Street and Number or Rural Route Number,							
22 世	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
MPORTANT: If Item O BE COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and manner as stated.											
PORTAN BE C	296. SIGNATURE AND THE OF OF HITTE	n	50	BRIN	10	29c. LI	CENSE NUI	MBER	29d. D/	TE SIGNE	D (Month, Day, Year)	
10	30, NAME AND ADDRESS OF PERSON WI	O COMPLETED CALLES								-/19/	90	
		30. NAMÉ AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	FEB 22 1990 July	22. REGISTRAN	SIGNATURE	1								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

GOLLE,

JR.,MD

32 REGISTRAR'S SIGNATURE

MARIO F.

ITEMS: 23 thr 00810 per ME G-661

FOR STATE REGISTRAR		SIAIE UP I		CERTIFI				MENTAL HYGIEN REG. NO			
. DECEDENT'S NAME (First			т.		ANCIT I	7.7.7	17		AY	YEAR	3. TIME OF DEATH 9:20PM
SOCIAL SECURITY	./1	5. SEX		lest birthday)	VASILE IF UNDER 1 YE	1	F UNDER 24 HRS.	2-19-90 7. OATE OF BIRTH			IPLACE (State or Foreign
387-16-631	726	1 X M 2 F	69	YRS.	-		OURS MIN.	(Month, Day, Year) 04-05-20		Count	isconsin
. FACILITY NAME (# not in	stitution, give :		- 0 7		9b. CITY TO	WN OR I	LOCATION OF DI		9c. COUNT		
							ore Cit				MORE
St. Agnes I	CEDENT	.aı								0111	10101
e. STATE	10b. COUNT	-		10c. CITY	, TOWN OR L		N				10d. INSIDE CITY LIMITS?
Maryland	Bal	timore			Arbu	tus					1 YES 2 XNO
STREET AND NUMBER		110				101. Z	IP CODE		10g. CITIZI	EN OF	WHAT COUNTRY?
5533 Willys	Aven	ue					21227		US	A	
I. MARITAL STATUS		12. WAS DECEDEN						NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	o or No- 1	4. RACI	E — American Indian, k, White, etc.
Never Merried 2 ☐ Widowed 4 ☐ Divo		IF YES, GIVE Y					NO Specif			Spec	lly:
TO THE SHARE STATE OF THE STATE		1	T av								White
(Specify onl	EDENT'S EDU y highest grade	e completed)	164	Give kind of w life. Do NOT us	vork done durin	PATION ig most o	of working	16b. KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary ()-12)	College (1-4 or 5	+)		,				, .		
9 yrs				carper	nter	-			lumbin	q	
						- 1		ME (First, Middle, Meiden		,	
Titus Was		CZ		Basi San III in a				roline Jak		-	
a. INFORMANT'S NAME (1						Route Number, City or Tov	n, Stete, Zip C	Code)	
Mrs. A. M		ıbar	Exercise 1					e 21227			
METHOD OF DISPOSIT	n 3 🗆 Ren	noval from State	oth	er place)			ery, crematory or		CATION — C		
□ Donation 5 □ Other		-2	-	AAG			metery ADDRESS OF FA		II CIIIO.	Le,	Maryland
shock, or h MMEDIATE CAUSE (Fillisease or condition equiting in death)		e. LITHIU	M INTO			H C	OMPLICA	ATIONS			Interval Betwee
Sequentially list condit f eny, laading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated eventa reaulting in daath) LAS	diata ING Iry	b	(OR AS A CO	NSEQUENCE OF	F):						
ART II. Other signification of the AND CHRONI	VE ARI	TERIOSCLE							RMED?		D. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
5. WAS CASE REFERRED T EXAMINER? XXX YES 2 NO	O MEDICAL	HOSPITAL:	KER/Outpation	nt 3 🗆 DOA	OTHER:		CE OF DEATH (C/	8 Other (Specify)			
2 Accident	Pending Investigation	26a. DATE OF	NI Year)		M 1		S 2 NO	28d. DESCRIBE HOW GIVEN WRON	IG MED	ICA	SUBJECT WA
4 Homicide	Could not be determined	NUKS	ING HO	ME	ariout, factory,	JIHC#		281. LOCATION (Street City or Town, State BALI'I MORE	98 SM MARY	LAN	WOOD AVENU
opal only								e to the ceuse(e) end mo			e) end menner ee stated
SIGNATURE AND TITU	OF CERTIFIE	10/11/	h	M		2	OCME	MBER	29d. DATE		0 (Month, Day, Year)

111 PENN STREET, BALTIMORE, MD 21201

1. DECEDENT'S NAME (First, Middle, Last) William Albert 4. SOCIAL SECURITY NUMBER 250-86-7557 9a. FACILITY NAME (If not institution, give str 851 George St. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	5. SEX 6. AG	IE (In yrs. lest birthday)			2. DATE	E DE ATA						
4. SOCIAL SECURITY NUMBER 250-86-7557 90. FACILITY NAME (If not institution, give str. 851 George St. RESIDENCE OF DECEDENT	5. SEX 6. AG			Yates	MONTH		18 15	AD	ME OF DEATH			
250-86-7557 9a. FACILITY NAME (If not institution, give str. 851 George St. RESIDENCE OF DECEDENT	1 M 2 🗆 F		IF UNDER 1 YEAR		7, DATE O				E (State or Foreign			
851 George St.	net and number)	39 yrs.	MONTHS DAYS		(Month,	Day, Year)		Country)	arolin			
RESIDENCE OF DECEDENT	out and namony			b. CITY, TOWN OR LOCATION OF DEATH								
			Baltimore city									
		10c. CITY	, TOWN OR LO	CATION	10d.	INSIDE CITY						
MD.			Balti	more				1 保	LIMITS? YES 2 NO			
10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?			
851 George St								U.S.				
11. MARITAL STATUS 1. Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 YI			ECENDENT OF HISPA specity, Cuban, Maxic			n or No 14.	RACE - A Black, Whi	merican Indian, ta, atc.			
3 Widowed 4 Divorced	IF YES, GIVE WAR OF	DATES	1 🗆 Y	ES 2 NO Spec	lfy:			Specify: Blac	1-			
15. DECEDENT'S EOUC		16a. DECEDENT'S			16b.	KIND OF BU	SINESS/INDUST		K			
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	ork done during retired.)	most of working								
						Re	tired					
17. FATHER'S NAME (First, Middle, Last)		11-41-11		18. MOTHER'S N	AME (First, N	iddle, Maiden	Sumame)					
Phillips Yate	es			Mary	Blac	k						
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rura	Route Numb	er, City or Tow	vn, State, Zip Coo	de)				
Willie J. Bla				rwood R								
20s. METHOD OF DISPOSITION 1		20b. PLACE OF DISPOS other place)	ITION (Name of	cemetery, cremetory or		20c. LC	OCATION — City	or Town, S	itata			
21. DUMATURE OF FUNERAL SERVICE LICE	ENSEE / /		22. NAME	AND ADDRESS OF F	ACILITY			17	21-27			
() Wasthe !	Xection	#281	E.L	.Phillip	ps Fu	inera	1 Hom					
shock, or heert feilure. I	NARCOTIC I								Onset and De			
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	c	S A CONSEQUENCE OF										
PART II. Other significent conditions	s contributing to deat	h but not resulting	n the underly	Ing couse given i	n Part I.	24a. WAS AF PERFO 1 YES	RMED?	AVAI COM OF I	E AUTOPSY FINDII LABLE PRIOR TO IPLETION OF CAUS DEATH? YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF DEATH (C				<u> </u>				
1 X YES 2 NO	1 Inpatient 2 ER/0			iome 5 Residence			INJURY OCCUR	ED				
	UNKNOWN YEAR		URY	WORK? YES 2 NO	UNI							
27. MANNER OF DEATH 1 Netural 5 Pending	OTATIONIA	Times A. S. A.	street, factory, c	ffice	281, LOC	ATION (Street	and Number or	Rural Route				
27. MANNER OF DEATH 1 Netural 5 Pending	28e. PLACE OF INJ byllding, atc. (BALT.	WORL ,	MARYE	ANGE	STREET			
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	28e. PLACE OF INJ	Specify)			us to the cau	MORE ,	MARYE	ANBE	STREET			
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	28e. PLACE OF INJ building, atc. (HOUSE)	Specify)			ue to the cau	MORE ,	MARYE	ause(a) and	I manner as state			

BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the linu be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PHY	this	rken
Z	ING	After	ma
5	END	Br. d	ie
/18	ATT	S aft	28
5	DR	DIR	farr
	ITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	RAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral mounts are more mountained as the bunial-transit permit. Pages 1, 2, 3 should - 172 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	if item 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
	-		

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO BE COMPLETED BY FUNERAL DIRECTOR

notified at once.

FOR STATE REGISTRAR	M	STATE OF M	MARYLA					IEALTH DEAT		MENTA	AL HYGIEN REG. NO.	E		0 70 10
1. DECEDENT'S NAME (First,	Middle, Last)									2. OAT	E OF DEATH	NA.	YEAR	3. TIME OF DEATH
LOUIS	M. Z	ESKIND								FEE		19	9 OF AR	5:00 PM
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	yrs. last	birthday)	IF UNDER		IF UNDER			E OF BIRTH			IPLACE (State or Foreign
579-24-06	49	1 X M 2 - F	G	3	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec	6,1	896	MAF	RYLAND
9a. FACILITY NAME (If not in.	stitution, give s	treet and number)				9b. CITY	TOWN (OR LOCATIO	ON OF D	EATH 9c. COUNTY OF DE				DEATH
HEBREW HO	ME OF	GREATE	R WA	SH		ROC	KVI	LLE				MOI	NTGO	MERY
RESIDENCE OF DEC	10b, COUNTY	,												
MARYLAND		GOMERY				THES		TION						10d. INSIDE CITY LIMITS?
	PIONI	GONERI			<u> </u>	111111								1 YES 2 X NO
7500 WEST	FIELD	DRIVE	2					0817					.S.P	WHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	J.S. ABN	IED						IN? (Specify Yes	or No—	14. RAC	E — American Indian,
1 Never Married 2 🔀		FORCES? 1			0			2 NO			Ricen, atc.)		Spec	k, White, atc.
3 Widowed 4 Divo	rced												CAU	CASIAN
	EOENT'S EDU		1	(Gh	e kind of	Work done		ON ost of workin	10	16	b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementery/Secondary (0	1-12)	College (1-4 or 5		life. i	Do NOT u	se retired.)						011-		13700
		4		CIV.	IL I	ENGI	NEE	R		1	J.S. G	OVE.	RNME	ENT
17. FATHER'S NAME (First, M											Middle, Maiden	Sumame)		
MORRIS ZE	SKIND)						ANN	VA (GORI	OON			
19a. INFORMANT'S NAME (1	ype/Print)										mber, City or Tow			
THELMA LOU	RIE-D	AUGHTER	3	7:	500	WES	TFI	ELD	DR:	IVE	BETHE	SDA	, MD.	20817
20a. METHOD OF OISPOSITE 1 ☑ Burial 2 ☐ Crematic		oval from State	20b. (PLACE C	OF OISPO	SITION (No	me of ce	metery, crem	netory or					own, State
4 Donation 5 Other	(Specify)		K]	ING	DA			. GI			FAL	LS	CHUF	RCH, VA.
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSE						DE Z			TUNERA	т. н	OMES	
> m (1.0	and a	1111	20	0						RGINIA			,
23. PART I, Enter the dishock, or himmediate CAUSE (Piricipal Cause) Sequentially list condition resulting in death) Sequentially list condition of the couse. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	eert fellure.	a. PNE DUE TO C. OUE TO	EU M	O A CONSEO	UENCE O	15 OF): CH					?T B			Approximate interval Between Onset and Deeth 72 Hours
PART II. Other significa											24a. WAS AN PERFOI 1 TYES 2	RMEO?	241	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL						26. P	LACE OF O	EATH (C	heck only	one)			
EXAMINER?		HOSPITAL:	ER/Outpat	Hant 3	□ DOA	OTHE		ne 5 🗆 Re	sidence	6 🗆 O#	her (Specify)			
27. MANNER OF DEATH		28a. DATE OI	INJURY	I	28b. TIR	ME OF	28c. IN.	JURY AT		1	ESCRIBE HOW	NJURY O	CCUREO	
	Pending Investigation	(Month, I	Jay, Year)		IN	JURY M		ORK? YES 2	NO					
2 Culaida	Could not be	26a. PLACE	OF INJURY -	- A1 hor	ne, term,	street, fac	tory, offic	ca			CATION (Street		er or Rural	Route Number,
	determined	building	, etc. (Specif	y)						Ci	ty or Town, State			
onel .		ICIAN: To the best of												(a) and manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	R			11.	7			ENSE NU		-	29d. DA	TE SIGNE	O (Month, Pay, Year)
seu	en	+ op	2001		M	D		DI	05	88	5	0	4/2	0190
30. NAME AND ADDRESS OF	1 4	PSON,	MD	. 4	012	e, Print)	ON	TRO	SE	P	DAD,	ROC	?KV	ILLE
FFR 22 19	Year)	32. REGISTR	n-Ran	TURE										

	-	60	
DIVISION OF VITAL PECONDS, T.C. BOX 12146, BALLINGHE, MARILLAND ALZON-5140	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE		STATE OF I			TMENT ICATE				MENTAL HYGIEN		90	04346	
	1. DECEDENT'S NAME (FIRST,	Middle, Last)	Agarol	ine V.				DEAL	П	REG. NO 2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATN 3.30 PM	
	4. SOCIAL SECURITY NUMB 578-09-9005	ER	5. SEX 1 M 2 F	6. AGE (In yrs. les	yns.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan 25,19	14	Count	HPLACE (State or Foreign ry) rginia	
TOR	9a. FACILITY NAME (If not inc. Subu	rban H	Hospital			9b. CITY,		thes		EATH		Mont	gomery	
DIRECTOR	10a. STATE	10b. COUNTY	·		10c, CIT	Was		gton,	D.(C.	10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL		emar1e	St. N.W		101. ZIP COOE 200						U.	S. A.		
BY	11. MARITAL STATUS 1 XXvever Merried 2 3 Widowed 4 Divo			YES 2 X	ARMED 13. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify NO If yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 YES 2 X NO Specify:							a or No- 14. RACE — American Indian, Black, Whita, atc. Specify: White		
COMPLETED	15. DECI (Specify only Elementary/Secondary (0 12	18a. D8 (G iife	ive kind of Do NOT u	work done do retired.)	luring mo	st of working	ng	166. KIND OF BUILDING	Firm					
BE CON	17. FATNER'S NAME (First, M Davi		nfield A	Aitcheso	n			18. MOTI	NER'S NA	ME (First, Middle, Malden Edna M		Re	eed	
TO E	John Aito									Route Number, City or Tow		Code)		
20a. METHOD OF DISPOSITION 1 Burlal 2XX Cremation 3 X Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or offier place) Mt. Comfort Crematory Alexandria,									ia,	Virginia				
	21. SIGNATURE OF FUNERAL	service Lic	& Me	lson						n Av., Was				
CERTIFICATION											Interval Setween			
PHYSICIAN: MEDICAL CEI	PART II. Other significa	nt condition	d	death but not	reaulting	in the un	derlyin	g cause	given In	Part I. 24e. WAS AN PERFO	RMED4	241	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER 4 Num	1 :			8 Other (Specify)				
ВУ РНУ		Pending Investigation	26a. DATE O	F INJURY Day, Year)	28b. TIR	ME OF JURY M	WC	JURY AT DRK? YES 2 [] NO	28d. DESCRIBE NOW	INJURY OC	CURED		
G	4 Nomicide	Could not be determined	26e. PLACE (building	OF INJURY — At h, atc. (Specify)	ome, ferm,	street, facto	ory, offic	:0		281. LOCATION (Street City or Town, State		r or Rural	Route Number,	
COMPLET	construction of the									e to the cause(s) and ma time, data and place, as			(s) and manner as stated.	
TO BE	285 SHOW THE AND TITLE	5 8	ora	MO)			29c. LIC	ENSE NU	P3	29d. DAT		Month, Dey, Year)	
	(Nohr	5.5	A I A	9, 8	EM 27) (Type 309	o, Print)	to	5	m,	11 2	Por	L	20	
	JAN 2	5 90		AR'S SIGNATURE	-Manda	22								

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TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.
ler death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	OF MANTEA	CERTIFI	CATE OF		MENIAL HYGIE				
	1. DECEDENT'S NAME (First Middle, Land)	0.0	1,000	1		2. DATE OF DEATH		XEAR 3. TIME OF DEATH		
קני	4. BOCIAL SECURITY NUMBER 5. SEX 721-14-7292 1 □ M :	X F AGE	63 vas.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HTD. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG. 26,	1926 V	BARTHPLACE (State or Foreign Country) VEST VIRGINIA		
FOR	9e. FACILITY NAME (If not institution, give street and nu PRESIDENTIAL WOODS NUR RESIDENCE OF DECEDENT			ADEL	OR LOCATION OF I	DEATH		Y OF DEATH CE GEORGES		
DIRECTOR	100. STATE 10b. COUNTY MARYLAND PRINCE GEO	RGES	10c. CITY	TOWN OR LOCA				tod. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 5405 38th AVENUE, #3			10	2078		10g. CITIZE	N OF WHAT COUNTRY?		
ВУ	1 Never Merried 2 Merried FORC	DECEDENT EVER IN U ES? 1 YES S, GIVE WAR OR DATI	2 XNO	It yes, e	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—It yes, epecify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify: Specify: WHITE					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 1.2 College	(1-4 or 5+)	Give kind of we life. Do NOT use	ork done during m retired.)	ON ost of working	A.A.A.	USINESS/INDUS	втяу		
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, Middle, Maide	n Sumeme)			
BE	WESLEY LeFON 190. INFORMANT'S NAME (Type/Print)		19h MAILING	ADDRESS (Street		TLE HEI	RICK	adal		
2		SBAND)				ATTSVILLE,				
	20a. METHOD OF OISPOSITION X Burlel 2 Cremetion 3 Removal from 4 Donetion 5 Other (Specify)	State PA	CLACE OF DISPOS ther place) RKLAWN	CEMETER		ROC		y or Town, State , MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Michael J	Degler		FRANC		LLINS FUNE		ME, INC. . SP., MD 2090		
CERTIFICATION	23. PART I. Enter the diseases, or complicate shock, or haert feilure. List only IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	Anes ntera		ero SI	piratory erres	it, Approximete interval Between Onset and Death		
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributions	uting to death but	not resulting is	the underlyle	ng cause given i		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TAL:		26. F	LACE OF DEATH (Check only one)				
HYS	27. MANNER OF DEATH 28e.	DATE OF INJURY	28b. TIME	4 Rursing Ho	JURY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	JUNI		ORK? YES 2 NO					
	3 Suicide 8 Could not be determined	PLACE OF INJURY — building, etc. (Specify	At home, ferm, a	reat, factory, offi	ce	28f. LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 PHYSICIAN: To the Check only one) 2 MEDICAL EXAMINER: On the t							ceuse(e) end menner ee stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	3			29c. LICENSE N		29d. DATE S	SIGNED (Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLE		H (ITEM 27) (Type,		λ .	# 430 0	1	11 67 2027		
	31. DATE FILED (Month, Day, Year) 32. F	EGISTRAR'S SIGNAT	URE		nine	130 (x	cen hel	01 40 20170		
	JAN 26'90	Juna shu	distriction of					200		
								DHMH-18 Rev 1/89		

1 - FOR STATE REGISTRAR

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/ISION	000000000000000000000000000000000000000
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	1. DECEDENT'S NAME (First,	, Middle, Lest)						2. DATE O	F DEATH DA	NY.	YEAR 3	. TIME OF DEATH
	EVELYNE HE		The state of the s					JANU		7 199	0	4:05 PM
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs. Is 92		IF UNDER 1 YEA		7. DATE O (Month,	F BIRTH Day, Your)		8. BIRTHPL Country)	LACE (State or Foreign
1	098-01-7128		1 M 2 F	72	YRS.				25 18		ALAB	
2	9e. FACILITY NAME (If not in	astitution, give s	treet and number)		1	9b. CITY, TOW	N OR LOCATION OF DE	EATH		9c. COUN	TY OF OEA	NTH
ECTOR	NATIONAL NAT		DICAL CEN	NTER		BETHES	DA			MONT	GOME:	RY
	10e. STATE	10b. COUNT	1		10c. CITY,	TOWN OR LO	CATION				1	Od. INSIDE CITY
2 2	MARYLAND	MONT	GOMERY		BETH	ESDA					7	LIMITS?
	10e. STREET AND NUMBER						10f, ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
	5219 WESTWOO	D DRT	VF.				20816			IINTT	ED S	TATES
FUNER	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A			DECENDENT OF HISPAN			or No-	4. RACE -	- American Indian, White, etc.
BY	1 Never Merried 2 X 3 Widowed 4 Divo		IF YES, GIVE Y				rES 24 NO Specifi		ours, usus,		Speelly	
EDE		EDENT'S EDU	CATION	1460 0	ECEDENT'S U	CUAL OCCUP	ATION	105	CINCO OF BUILD	INESS/INOU		ITE
	(Specify ont	y highest grade	completed)	(1)		rk done during	most of working	100.1	OND OF BU	SINESS/INOU	ВІНТ	
	Elementary/Secondary (0	1-12)	College (1-4 or 5		INISTE	R			Reli	gion		
COMPL	12 17. FATHER'S NAME (First, M	Hddle, Last)		111	INTOIL.	I.C	18. MOTHER'S NA	ME (First Mi	ridie Maidan	Surnamal		
ב ע	WILLIAM JESS	SE TRAY	ZT.OR				MARY CA			,		
5	190. INFORMANT'S NAME (1	9b. MAILING A	ADDRESS (Stre	et and Number or Rural		r, City or Tow	n, State, Zip (Code)	
2	MARA TRAYLOR	R THOR	PE	2	227 E.	57TH	ST. NEW Y	ORK.	NY 10	022		
	204 METHOD OF DISPOSIT	TON		20b. PLACE	E OF DISPOSIT		cemetery, cremetory or		-	CATION — C	ity or Town	n, State
	1 Burial 2 Crematic		oval from Stata	Pine Pine		Ceme	tery		Pir	e Hil	1, A	labama
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave. Bethesda, MD											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approxima											
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final											
	disesse or condition_	nal	ALZHETM	MER'S DI	SEASE							Onset and Death
	resulting in death)		-	(OR AS A CONSI		:						
			RESPIRA	ATORY FA	AILURE							
	Sequentially list condit if any, leading to imme		D	(OR AS A CONSI		:						
2	cause. Enter UNDERLY	ING	G									
	that initiated events		DUE TO	(OR AS A CONSI	EOUENCE OF)	;						
CERTIFI	reaulting in death) LAS	ST C	d									
_	PART II. Other aignifica	ant condition	es contributing to	death but not	resulting in	the under	ving cause given in	Part i.	24s. WAS AN	AUTOPSY	24h. V	VERE AUTOPSY FINDINGS
DICAL							,		PERFO		1	WAILABLE PRIOR TO COMPLETION OF CAUSE
<u>ה</u>									1 TES 2	X NO		OF DEATH?
2							1	-			1	YES 2 NO
A	25. WAS CASE REFERRED T	O MEDICAL				21	. PLACE OF OEATH (Ch	ack only one	1			
SICI	EXAMINER?		HOSPITAL:	FR/Outpatlant		OTHER:	lome 5 - Residence					
- 1	27. MANNER OF DEATH		26e. DATE O	FINJURY	28b. TIME	OF 26c.	INJURY AT			NJURY OCC	URED	
7		Pending Investigation	(Month, I	Day, Year)	ULMIU		WORK?	100				
	2 Accident 3 Suicide	Could not be	26e. PLACE	OF INJURY — At I	nome, farm, st	reet, factory,	office			end Number	or Rural Ro	ute Number,
II I	4 Homicide	determined	building	, atc. (Specify)				City o	Town, State			
7	290. CERTIFIER 1 X CER	TIFYING PHYS	ICIAN: To the best o	f my knowledge s	death occurred	f at the time	date end place, end due	to the cour	e/a) and ma	nner ee stete	d	
COMPL	onel						n, death occured at the					and menner se stated.
- 1	29b. SIGNATHUE AND TITLE		Α-				29c. LICENSE NU			,		Month, Day, Ybar)
8	RPI	MA	han	mo			63636	- 3 J	35	≥ 28	> Ja	n 90.
	30. NAME AND ADDRESS O	F PERSON WI	10 COMPLETEO CAL	SE OF OEATH /IT	EM 27) (Type	Print) > + +	10338	7)		O.D.	D	, , ,
	30. NAME AND ADDRESS O	MONAL	IAN TT M	IC LICND	-,11,7001					CENTE	I.K	
							HESDA, MD	20814	-2011			
	JAN 30	90	Guilles	AR'S SIGNATURE	Manda 82	4						
			5/									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

90 04348

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should be detached for use as the burial-transit

BALLIMORE, MARYLAND	surs after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detache ion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE OF I		RTIF			DEA		REG. NO	C		
	1. DECEDENT'S NAME (First, Middle, Last)						-		2. DATE OF OEATH			3. TIME OF DEATH
	ALMA	L.	AUG	GUSTI	7				JAN. 2	8, 19	990	1:05 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	537-34-2820	1 M 2 D F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) OCT . 26 . 19:	0	Countr	**
	9e. FACILITY NAME (If not institution, give s	treet and number)	01		9b. CITY	. TOWN 0	OR LOCATI	ON OF DI			INTY OF D	HINGTON, D.C.
a:	12414 KONDRUP DRJ	41								111111111111111111111111111111111111111		
5	RESIDENCE OF DECEDENT	VE			FUL	TON				HOW	VARD	
E	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY LIMITS?
DIRECTOR	MARYLAND HOWA	RD		FIII	TON							1 YES 2 NO
7	10e. STREET AND NUMBER					101	. ZIP COD	E		WHAT COUNTRY?		
EB	12414 KONDRUP DRI	VE					2075	0		SA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED			ENDENT (OF HISPAI	NIC ORIGIN? (Specify Yes	14. RACE	E — American Indian,	
	1 Never Merried 2 X Married	FORCES? 1	YES 2 N	10				in, Mexica Specif	en, Puerto Rican, etc.)		Speci	k, White, atc.
ВУ	3 Widowed 4 Divorced										WHI	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION (completed)			USUAL O		ON asl of working	0.0	16b. KIND OF BU	SINESS/IN	DUSTRY	
E,	Elementary/Secondery (0-12)	College (1-4 or 5	life	Do NOT u	se retired.)	aung m	NOT OF WORKI	'y				
1dV	12		OFF	TCE	MANA	GER			AUGUSTE	ELEC	TRIC	CAL. INC.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	AME (First, Middle, Maiden	Surname)		
BEC	RICHARD L. SIN	MONDS					EFF	IE -	A. TAVENNI	ZR.		
	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRES	S (Street a	and Numbe	or Rural	Route Number, City or Tow		p Gode)	
2	JOHN L. AUGUSTE	(HIIS	BAND) 12	414	KONT	RIIP	DRIT	/E -1	FILTON, MAI	RYT.AN	JD 2	20759
	JOHN L. AUGUSTE (HUSBAND) 12414 KONDRUP DRIVE FULTON, MARYLAND 20750 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemeter), cremetory or other place) 20c. LOCATION — City or Town, State other place)											
	15 Buriel 2 Cremation 3 Rem 4 Oonation 5 Other (Specify)	oval from Stata	FORT I		IN C	FMF	FRY		RREI	TUOC	n v	IARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	HORLL	TIVOC		The second of	ND ADDRE	SS OF FA		ATMOC	, I	DAILLAND
	FRANCIS J. COLLINS FUNERAL HOME, INC.											
_	23 PART I Find the difference of complication that caused the death Do not enter the goods of duling such as carried by constitution and a find a such as carried by constitution and a find a											
	23. PARTL. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate											Approximata interval Betwaan
	IMMEDIATE CAUSE (Final)	4			1					Onset and Daath
	disease or condition resulting in death)	a. Ve	espire	200	r4	1	RR	051				immedia
		DUE TO	(OR AS A CONSEC	DUENCE C	P.	1	7	- /	1			-11
Z	Conventiolly, that one distance	6. //	Ryapta	itu		15	Ma	27	Concer	/		2/24/5
은	Sequantially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE C	F):			. /				/ /
S	CAUSE (Disease or Injury	c										
4	that initiated events	DUE TO	(OR AS A CONSEC	DUENCE C	F):							
CERTIFICATION	resulting in death) LAST	d										
	PART II. Other significant condition	ns contributing to	death but not re	asultino	in the u	ndarivin	n cause	alven in	Part I. 24a. WAS AN	AUTOPSY	241	b. WERE AUTOPSY FINDINGS
DICAL							9	g	PERFO	RMED?		AWAILABLE PRIOR TO COMPLETION DF CAUSE
Q									1 YES :	ON [OF DEATH?
Σ									_			1 YES 2 NO
PHYSICIAN: ME												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF I	DEATH (C/	heck only one)	_		
YSI	1 YES 2 NO	1 Inpatient 2	ER/Outpatient 3		4 🗆 Nu		ne 5 🗆 R	aaldenca	6 Other (Specify)			
Hd	27. MANNER OF DEATH	26a. DATE OF (Month, L		28b. TII	ME OF	28c. IN.	JURY AT ORK?		26d. DESCRIBE HOW	INJURY O	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆	YES 2	NO				
ED	3 Suicide 6 Could not be	28a. PLACE (building,	OF INJURY — At ho, atc. (Specify)	ma, farm,	atreet, fac	ctory, offic	a		281. LOCATION (Street City or Town, State		or Rural	Route Number,
H	4 Homicide determined											
J.E	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	f my knowledge, de	ath occur	red at the	time, data	and place	a, and du	a to the cause(s) and ma	nner aa str	ated.	
COMPLET	(Oriota Oriny								e time, deta and placa, e			a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	B / ()		-			29c 140	ENSE NU	IMBER	29d DA	TE SIGNE	D (Month, Day, Year)
BE	7.1/.//	F/1/3	1 101	0			-	.27				4.50
5	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CALL	ISE OF DEATH (ITE	M 27) (5m	e Print)		02	/	10		-	
	II				-,							

M.D. 2101 MEDICAL PARK DRIVE SILVER SPRING, MARYLAND 20000
32. REGISTRAR'S SIGNATURE
Grand Davidson Fundales

FREDERICK G. BAR 31. DATE FILED (Month, Day, Year) FEB 02 90

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ICIAN	the S	0
ING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit on the control of the part of blocks and Marial Ministration of the part of the part of blocks and Marial Ministration of the part of	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
9	ter	Tan an

	FOR STATE OF MAR	VIAND (DEDART		carell and			
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	YLAND / DEPART CERTIFIC			REG. NO. 2, OATE OF OEATH		3. TIME OF DEATH
	Mary, E. Allen	der			Jan 24		
		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIF	THPLACE (State or Foreign
	212-50-1225 1 D M 2 XF	69 YRS.	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2-23-20		D.
IOR	90. FACILITY, NAME of not institution, give street and number) HAT THE MEMORIAL HOSPITE RESIDENCE OF DECEMENT	al l	4.1	de Gre	АТН	9c. COUNTY OF	DEATH
DIRECTOR	100. STATE 10b. COUNTY MD. Harford		town or Locat				10d. INSIDE CITY LIMITS? 1 X YES 2 ND
FUNERAL	10e. STREET AND NUMBER			. ZIP CDDE			F WHAT COUNTRY?
NE SE	401 Webb Lane			1078		USA	
פו בס	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR D	ES 2 ND	If yea, sp		ilC DRIGIN? (Specify Yea n, Puerto Ricen, etc.)	or No— 14. R/BI	VCE — American Indian, ack, White, atc. ecity:
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	18a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done durina ma	DN at of working	18b. KINO DF BUS	INESS/INDUSTRY	
MIL	8	hom	emaker				
BE CO	17. FATHER'S NAME (First, Middle, Last) Vernon Johnson			Mary C			
0	Milton T. Watters	The state of the s			e Grace, M		
	20a, METHDD DF DISPDSITION 1 \(\times \) Buriel 2 \(\times \) Cremetion 3 \(\times \) Removat from State 4 \(\times \) Donation 5 \(\times \) Other (Specify)	Sharp St.				Se, MD.	Town, State
	ZI. SIGNATURE OF FUNERAL SERVICE UCENSEE:	Sharp St.					
	· / // //. //				Funeral Se Havre de G		D 01070
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	AS A CONSEDUENCE OF	lion 1	resuce dec	ue to be itated om bens	ration Hyp	Onset and Dagth Onset and Dagth
AIN. MEDICAL C	PARTYIII, Other applificant conditions contributing to depl Hypothypocalism Logo depletion 25. WAS CASE THE PRINCED TO MEDICAL 25. WAS CASE THE PRINCED TO MEDICAL	but not resulting in	pric	g cause given in Pur Eg	Bla TO YES 2	MED?	HALL WERE AUTOPSY FARONOS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VER 2 NO
5	EXAMMENT 1 YES 2 100 1 1 1 1 1 1 1 1	Dumenture 3 (7 pos	OTHER:		E C Other (Specify)		
PHTSICIAN:	27. MANNES-OF DEATH 28s. DATE OF INJU	RY 286, TIME	OF 28s, IN.	URY AT	284, DESCRIBE HOW II	NJURY OCCURED	
10	1 Sestural 5 Pending (Minth, Day, 16	100		YES T NO	-		
ב	E LI PERSONNELL	URY — At home, ferm, st	reet, factory, offic		28f. LOCATION (Street) City or Rever, State)	and Mumber or Ru	of Picula Number
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my k						se(a) end marrner as stated.
מ	201. SIGNATURE AND TITLE OF CERTIFIER			Page. LICENSE NU	MBER -676	29d. DATE SIGN	IED (Month Day, Maer)
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DE	S. Und	Print) Az	e He	ure do	Prace	Md ZIOZ
			0 4 6 111 5	6 / 11			

DHMH-16 Rev 1/89

BALTIMORE MARYLAND 21203-3146	a nours after death.	certificate has been signed by the attending physican and completely filled in by the funeral in second detached for use as the bunial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examinist must be medical at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer nours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral and be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examining must be medical examining must be medical event.	

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT O		MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, La.	st)			2. DATE OF DEATH		3. TIME OF DEATH
Joseph 1	Mc Kinley		Bell	January		90 4:20 P M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (/	n yrs. last birthday) IF UNDER 1 Y		7. DATE OF BIRTH (Month, Day, Year)	8. E	BIRTHPLACE (State or Foreign Country)
213 22 0346		6 YRS. WONTHS D	AYS HOURS MIN.	05/ 20/		aryland
9e. FACILITY NAME (If not institution, gh	re street and number)	9b. CITY, TO	WN OR LOCATION OF DE	ATH	9c. COUNTY	
Physicians Men	orial Hospi	tal LaP	lata		Char	Les
10a, STATE 10b, COU		10c. CITY, TOWN OR L	OCATION			10d, INSIDE CITY
Marvland Cha	arles	Bryant	0.1.10			t V YES 2 NO
	II LES		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
Route 1 P. 0 1 11. Marital Status	Box 52		20617		USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		DECENDENT OF HISPAN	IC ORIGIN? (Specify Ye	s or No- 14.	RACE American Indian, Black, White, etc.
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		rs, specify Cuben, Mexican YES 2 TV NO Specify.			Specify:
15. DECEDENT'S E	DUCATION	44- 0505051450 1101141 00001	**			Black
	rade completed)	16a. DECEDENT'S USUAL OCCU (Give kind of work done durin life. Do NOT use retired.)		16b. KIND OF BU	SINESS/INDUST	RY
Elementary/Secondery (0-12)	College (1-4 or 5+)	Mechinist	A +	N - 3	T 1 T	7 7 7
1st 17. FATHER'S NAME (First, Middle, Lest)		necuriust_		ME (First, Middle, Meiden		Facility
Joseph Mc Kir	ley Roberts	on	Mary	Ida Bell		
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (S				le)
Clara Bell		Rte. 1 Bo	x 52, Bry	antown,	Mary1	and 20617
20e METHOD OF DISPOSITION 1 A Burlet 2 Cremation 3 A	emoval from State	PLACE OF DISPOSITION (Name other place)	of cemetery, crematory or	20c, LC	CATION — City	or Town, State
4 Donetion 5 Other (Specify)		St. Mary's	Catholic	Ch Bry	antown	n, Maryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1	ME AND ADDRESS OF FAC			
marte	Il adam	0 /	dams Fune			
23. PART I. Enter the diseasea, shock, or heert failur iMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one cause on ea	consequence of	e*mode of dying, such	-	Iretory arrest,	Approximate Interval Between Onset and Death
Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	atens	CONSEQUENCE OF)	6			20 yr
reaulting in deeth) LAST	a Circhio	vareular	ish	ina		20 yu
PART II. Other significant condit	Dehydr	and the under th	rlying cause given in it	Part I. See WAS AN PERFO	IMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERENCE TO MEDICAL EXAMINENT 1 □ YES 2 € NO	THE RESERVE OF THE PARTY OF THE		IS. PLACE OF DEATH (CH	sok only ann)		
0 1 □ YES 25 NO	HOBPITAL:	ettent 3 🗆 DOA 6 🖂 Nurstry	Home S C Residence I	s □ Other (Specify)		
27. MANNER OF DEATH	28s. DATE OF BUILDINY (Wrinth, Day, 1995)	SIBB. TIME OF 26	E. HIJUHY AT /	284. DESCRIBE HOW	1 4	D
1 Statural 8 Pending investigation investigation			□ YES 2 □ NO	~	10-	
A T Building	Dullding, with (Spec)	At home, farm, street, factory,	office	28f. LOCATION (Street City or Teers, State)	and Number or R	und Route Number,
	IYSICIAN: To the best of my knowl					ruse(s) end manner as stated.
	Tr I	S	29c, LICENSE NUM	IBER	29d. DATE SIG	GNED (Month Day, Year)
Parice	weakett	mp.	D08370		1/2	27/70
30. NAME AND ADDRESS OF PERSON		ATH (ITEM 27) (Type, Print) 11	BLaGrang	e Avenue	POB 1	317
Paul E. Pritc 31. DATE FILED (Month, Day, Year)	hett M.D. 32. REGISTRAR'S SIGNA	La]	Plata, Md	. 20646		
FEB 0 2 '90	0	Horn-Randoll				

DHMH-16 Rev 1/89

as the burial-transit permit. Pages 1, 2, 3 should

tending physician.

STATE O	MARYLAND / DEPARTM	IENT OF HEALTI	I AND	MENTAL	HYGIENE
	CERTIFICA	ATE OF DEA	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	EDWARD ARTHU	JR BRADFORD				Feb. 9.	1990 YEAR	M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	S. BIRT	THPLACE (State or Foreign
	234-24-3742	1 📆 M 2 🗆 F	68 YRS.	NTHS DAYS	HOURS MIN.	oct. 13,1	921 Vi	rginia
~	9e. FACILITY NAME (If not institution, give				R LOCATION OF DE	ATH	9c. COUNTY OF	
TOF	Anne Arundel A	ledical Cen	ter	Anna	polis		Anne.	Arundel
DIRECTOR	10e. STATE 10b. COUNT	Y	10c. CITY, TO	OWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
듬	Maryland Anno	e Arundel	A	nnapo	lis			1 YES 2 NO
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
EB	218 Garden Gat				21403		U.S	.A.
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER II FORCES? 1 X YES	N U.S. ARMED	13. WAS DECI	NDENT OF HISPAN city Cuben, Mexica	IIC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)	or No — 14. RA	CE — American Indian, ick, White, etc.
ВУ	3 Widowed 4 Divorced	W W TT	ATES		2 NO Specify			oclly:
TED	15. DECEDENT'S EDU	UCATION	16e. DECEDENT'S USI			16b. KIND OF BUS		hite
E	(Specify only highest grade Elementery/Secondery (0-12)	completed) Callege (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos tired.)	t of working			
M	12		Extermi	nator		Pest	Contro	1
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Surneme)	
BE	Landor	n Brad	ford		I	da	Chapma:	n
TO B	19a, INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
F	Mrs. Antonette							s, MD 21403
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Ren	noval from State	other place)				CATION — City or	
	4 Oonesion 5 Other (Specify)	dues A	Metropol		D ADDRESS OF FA		exandr	ia, VA
	27. SIGNATURE OF FUNERAL SERVICE L	JENSEE J				ral Chap	el	21401
	Strate L	Ley lor		147	Glouces	ter St.	Annapo	
	23. PART I. Enter the diseases, or shock, or heart feliure.	complications that cause. Liet only one cause on e	d the death. Do not	anter the mo	ia of dying, suc	h as cardiac or respi	ratory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel			2)			Onsat and Death
	disease or condition resulting in death)	. Renal	1 ail	wo				14kar
		DUE TO (OR AS	CONSEQUENCE OF):		00	2 - 1	4	
NO.	Sequentielly list conditions,	* Hotelia	CONSEQUENCE OF:	000	; W	W- Duty	bul	
ATI	If any, leading to immediate ceues. Enter UNDERLYING	C C - A A	Oliva C	110	for	recont		
음	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):	~~~	0 1	Conc		1
CERTIFICATION	resulting in deeth) LAST	, Myor	ardial	2 in	bust	Tim		Graceles
		- 1				- 1		100
CAL	PART II. Other significent condition	ns contributing to deeth t	out not resulting in t	the underlying	ceuse given in	Part i. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Ö						1 YES :	NO	COMPLETION OF CAUSE DF DEATH?
ME						_		1 WES 2 NO
PHYSICIAN: MEDIC	07 WHO CLOS DESERBED TO MEDICAL							
10	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
ΗXS	1 YES 2 NO	1 Inpatient 2 ER/Out 28e. DATE OF INJURY	patient 3 DOA 4			6 ☐ Other (Specify) 28d. DESCRIBE HOW I	HILLIBY OCCUPED	
	Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	RK?	add. Degombe now	NOON COCONED	
ВУ	2 Accident Investigation 3 Suicide 5 Could not be	28e, PLACE OF INJUR	Y At home, ferm, atre-			26f, LOCATION (Street	and Number or Run	il Route Number.
	4 Homicide determined	building, etc. (Spe	octfy)			City or Town, State)		
COMPLETED	290. CERTIFIER A CERTIFYING BUY	SICIAN: To the beat of my know	utodan doath annumed o	et the time date	and alice and dis			
MP	CONSTRUCTION OF THE PARTY OF TH	IER: On the basis of examination						e(e) end manner as stated.
	200. BIGNATURE AND TITLE OF CERTIFIE							
BE	1010 - 1/01	10000			29c. LICENSE NU	652	DATE SIGN	ED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	int)			1	7/90
	VERKOU	100 15	333 F	mot	Ar.	Anus be	Mrs h	1d 2/11/00
	31. DATE FILED (Month Day, Year)	32. REGISTRAR'S SIGI		,, ,,	0, -	Thomps	, , , , , ,	70
	FFR 1 2	1000 Julia Sar	idson Randell	2				

THE DE CONTRACTOR OF THE CONTRACT CONTRACTOR OF THE CONTRACTOR OF Intelligence of the second sections and

after death. Page 6 may be retained by the hospirm	by the funeral director, page 5 should be detached "The more and permit. Pages 1, 2, 3 should noval."	cal examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Servours after death. Page 6 may be retained by the hospiral services and the major of the property of the major of the property of the major of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 210

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. January 04, 1990 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH BOOZE OBETHIA 1:55 PuM Lauraetta 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F YRS. 220-09-6475 11/09/18 Lloyds, MD 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital Talbot Easton RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY 1 YES 2 NO Maryland Queen Anne's Chester FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE Rt. Box 488 21619 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married Specify 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Michille Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clinton Wilson Elsie North 19a INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Clarence H. Booze Box 488, Chester, MD 21619 20s. METHOD OF DISPOSITION
1A3 Burlal 2 ☐ Cremation 3 ☐ Removal from State 20c. LOCATION DOTCHESTER CO. 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 4 Donation 5 Other (Specify) John's Chapel Cemetery Cornersville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tom Helfenbein Funeral Homes, P.A. Box 66B, Chester, MD 23. PART I. Enter the diseases, or com Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel Onset and Death disesse or condition 1. 2000 resulting in deeth) Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseesa or injury DUE TO (OR AS A CONSEQUENCE OF that initieted events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL alleri 1 YES 2,50 NO OF DEATH? 1 YES 2 NO Gaz/2011te PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (C EXAMINER HOSPITAL:
1. Hopetient 2 | ER/Outpetient 3 | DOA OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 94 1 YES 2 NO B 2 Accident Investigation 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, slc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29s. CERTIFIER

(Chack and)

(CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and menner as stated 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 8 90 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ASTE

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32. REGISTRANIE, SIGNATURA JAN ASON-Randalle

31. DATE FILED (Month, Day, York)

Tadhamil Intravel

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or attending physician.	tachen is use as the burial-transit permit		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after death. Page 6 may be considered from the longer of the law to the law	uneral director, page 5-51 to de	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified to examine the second of the contract of the con

FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR	TMENT	OF H	EALTH	AND I	MENTA				
1. DECEDENT'S NAME (First, Middle, L Frank	James	Bevins		CATE	OF	DEA	П	2. DATE	REG. NO		/EAD	of DEATN
4. SOCIAL SECURITY NUMBER 213-24-0165	5. SEX	8. AGE (In yrs. les	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont	of BIRTN th, Day, Year) -18-3	6	BIRTHPLACE (S	State or Foreign
90. FACILITY NAME (If not institution. (spital				bury		ATN		W. 1987	OMICO	
Peninsula G RESIDENCE OF DECEDEN 100. STATE 100. CO Md.	rcester		10c. CIT	r, TOWN O	R LOCAT						1.00	SIOE CITY
100. STREET AND NUMBER Rt2 Box 11. MARHTAL STATUS						. ZIP CODE		851		109. CITIZE	N OF WNAT CO	
3 Widowed 4 Divorced	12, WAS DECEDEN	YES 2 1		1	f yes, sp		F NISPAN	IIC ORIGII	N? (Specify Yes Rican, etc.)		I. RACE Amer Bleck, White, Specify:	ricen Indien, etc.
15. DECEOENT'S (Specify only highest to the contary (0-12) Secondary (0-12) Secondary (1-12) 17. FATNER'S NAME (First, Middle, Last	EDUCATION trade completed) College (1-4 or 5 +	(G	ECEDENT'S live kind of v Do NOT us	USUAL OC vork done of e retired.)	during mo	st of working	ng	168	Mi d		chool	
i i i i i i i i i i i i i i i i i i i									Middle, Maiden ttmon	Surname)		
190. INFORMANT'S NAME (Type/Print) Helen Marie	Bevins	19				nd Number		Poute Num	comok	e, Md	21851	
20e. METHOD OF DISPOSITION 1 Description 3 Description 5	Removal from State	20b. PLACE other pl	lace) _			netery, crem Neck			20c, LO	COMOK	y or Town, State Ce, Md.	
21. SIGNATURE OF FUNERAL SERVICE KEITH & H. U.	wharton			WI	ıar		Fun	era			ccoma	c,Na.
23. PART I. Enter the diseases, shock, or heart fell iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Arter	se on eech ilne	eroti	.c C							In	pproximeta iterval Betweenset and Dea
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in deeth) LAST	c	(OR AS A CONSE										
PART II. Other significant cond	tions contributing to S Mellitu		resulting (n the un	derlyln	g cause (given in	Part I.	24a. WAS AN PERFOI 1 TYES 2	RMED?	AVAILAB COMPLE OF DEAT	
25. WAS CASE REFERRED TO MEDICA	4				26 PI	ACE OF O	FATN /Ch	eck only o	nel		1 YE	ES 2 NO
EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN	HOSPITAL: 1 □ Inpatient 2 □ 28e. DATE OF		DOA 26b. TIM		₹:	e 5 □ Re		6 🗆 Othe	er (Specify) SCRIBE HOW I	NJIEV OCCU	BED	
2 Accident inventigat	(Month, Di	ry, Ybar) F INJURY — At ho	INJ	URY M	1 []	PRK?] NO			100	Rural Route Nun	nher
4 Nomicide determine	d building,	etc. (Specify)						City	or Town, State)			
(Check only	HYSICIAN: To the best of will be to the best of en											nner es stated.
296. SIGNATURE AND TITLE OF CER	Mesley		pu ty		E.		359				1-27-9	
	keley, M.	D 5	04 I	Elbe	rta	Ave	enue	-	Salis	bury,	Md.	
JAN 31 '90	32. REGISTRA	Davidson-	Pandell	2								

ancomposition in the state against the state Add to the other than the state of the No. promote the and a second

3. TIME OF DEATH

2. DATE OF DEATH DAY

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	A SOCIAL SECURITY NUMBER		M.	13 A	BC o		R 1 YEAR	IF UNDER	or time	2 DATE	OF BIRTH	AY	90	12 45A
	TO STATE SECOND TO THE SECOND		1 M 2 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	, Day, Year)	7000	Country)	
	9e. FACILITY NAME (If not insti	tution, give s	street and number)	1 09		9b. CIT	O NWCT ,Y	R LOCATIO	ON OF DE	Sep:	t 23		NTY OF DEA	York
TOR	Anne Arund	el G	eneral	Hosp	t.	An	nao	lis,	Md	•		Anr	e Ar	undel
DIRECTOR		leb. COUNT			10c. C	napo		ION						Od, INSIDE CITY LIMITS? YES 2 NO
ERAL	100. STREET AND NUMBER 419 Bea	ch B	r.					ZIP CODE 2140				-	S.A.	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 M M 3 Widowed 4 Divorce			NT EVER IN U. 1 TYES 2 WAR OR DATE:	ON	13,		city-Cuber	n, Mexicar	, Puerlo F	? (Specify Ye Rican, etc.)	e or No	Bleck,	- American Indien, White, ajc. White
PRETED	15. DECEL (Specify only to Elementery/Secondary (0-1)		CATION completed) College (1-4 or 5		(Give kind o	work done	during mos	st of workin	ng	16b.	KIND OF BU		DUSTRY	
00	17. FATHER'S NAME (First, Midd	die, Last)				0.00			HER'S NAI	ME (First, A	Aiddie, Maiden			
BE	Un 190. INFORMANT'S NAME (Typ				T 405 MAIL IN	10 400050	10. (0)			unl				
70	Fred A.	-	cock								er, City or Tov			
	20a. METHOD OF DISPOSITIO 1 Burlel 2 Cremetion 4 Donation 5 Other (S	N 3 🗆 Rem		130	ACE OF DISP her place)	OSITION (N	ame of cem	etery, crem	natory or		20c. LC	CATION -	City or Town	
	E1. SIGNATURE OF FUNERAL		CENSEE /	in	/ / /	22	TANKA	O P	FOF FA	era]	td. 2	pel		
CERTIFICATION	immediate cause (Fina disease or condition reculting in death) Sequentially liet condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated evente resulting in death) LAST	ns, ata	c. C 1+	OF AS A CO	2 C	5						?		
MEDICAL C	PART II. Other significent	condition	na contributing to	o death but	not resulting	g in the u	nderlying	cause (given in	Part I.	24e. WAS APPERFO	RMED?	0	VERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
AN:	25. WAS CASE REFERRED TO	MEDICAL					26 PI	ACE OF D	EATH (Ch	ock only on	(a)			
PHYSICI	EXAMINER?		HOSPITAL:	☐ ER/Outpatie	ent 3 🗆 DOA	OTHE 4 Nu								
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Per 2 Accident In	ending vestigation	28e. DATE O (Month,	F INJURY Day, Year)		IME OF NJURY M	2Sc. INJU WOS 1 Y] NO	28d. DES	CRIBE HOW	INJURY OC	CURED	
ED B	3 Suicide 6 C	ould not be stermtned	28e. PLACE building	OF INJURY — I, etc. (Specify)	At home, farm	n, atreet, fe	ctory, office				ATION (Street or Town, State		r or Aural Ro	ute Number,
-				of my knowledg	ge, death occu									
PLET	one) 2 MEDIC	AL EXAMINE	ER: On the basis of		nd/or Investige	tion, in my	opinion, de	eath occur	red at the	time, gate	and place, e	nd due to th	he cause(e)	and manner as state
HE COMPLET	(Check only one) 2 MEDIC.	AL EXAMINE	ER: On the basis of	examination ar	/		opinion, de		ENSE NUM		and place, e			Month, Dey, Year)
E COMPLET	(Check only one) 2 MEDIC.	AL EXAMINE	ER: On the basis of	examination ar	1 (ITEM 27) (Ty)	pe, Print)	TV/	29c. LICE			And place, e			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	-	
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	(+
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2. In the filled within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.)
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	1	

STATE OF MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
CE	RTIFICATE	OF DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIEN				
	1. OECEDENT'S NAME (First, Middle, Las		Bond	SR		2. OATE OF DEATH MONTH FEB D	ž 195	AR	OF OEATH	P
	4. SOCIAL SECURITY NUMBER 218-09-4539	1 € M 2 □ F 7	3 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 3/25/17	Î	Maryla		gn
TOR	99. FACILITY NAME (If not institution, glasses) HAR FOR!) MESIDENCE OF DECEDENT	EMORIA!	tospital	HAVRE	FDE G	RACE	9c. COUNTY	R FOR		
DIRECTOR	-	arford		erdeen,				1 K Y	SIOE CITY MITS? ES 2 NO	D
FUNERAL	601 Cornell Str	eet #111		101	21001		U.S.	A.	UNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Otrorced	12. WAS DECEDENT EVER FORCES? 1 VEI IF YES, GIVE WAR OR	S 2 NO	II yes, sp	ENDENT OF HISPANI ecity Cuban, Mexican 2 NO Specify:		or No.— 14.	RACE — Amer Black, White, Specify: Black	ricen Indien, etc.	
COMPLETED	15. DECEDENT'S E (Specify only highest gra Elementery/Secondery (0-12)	College (1-4 or 5+)		rk done during mo retired.)	st of working	16b. KIND OF BU				
MP	11 17. FATHER'S NAME (First, Middle, Last)	0	Sheet Met	al Work		Harfor		S		_
Ö	George Bond				Mae Th		admame)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a		OIIIas Joute Number, City or Tox	m, State, Zip Coo	le)		
2	Clarence M. Bor	nd. Jr.				Aberdee			2100	1
J.	20e. METHOO OF DISPOSITION 1 & Buriet 2 Cremetion 3 Re	amoval from State	0b. PLACE OF OISPOSIT	TION (Name of cer	netery, crematory or	20c. LC	CATION City	or Town, State	•	
	4 🗋 Conetion 5 🗌 Other (Specify)	N	Mt. Calvar				erdeen		land	
	21. SIGNATURE OF PUMPTUR, SERVICE	CHULL		Tarri Abero	ing-Cargo leen, Mar	Funeral yland 21	Home, F 001-339	A. 99		
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or opndition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thei initieted events resulting in deeth) LAST	a Augusta	A CONSEQUENCE OF	mona nity epis	y Au	Inc.		1	Priset end E	ay.
PHYSICIAN: MEDICAL (PART II. Other eignificent conditions	ons contributing to death	77	the underlyln	g ceuse given in	Part I. 24a. WAS AF PERFO 1 YES	RMEO?	AVAILAE COMPLI OF DEA	AUTOPSY FIND BLE PRIOR TO ETION OF CAU LITH? ES 2 PNO	USE
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-		LACE OF DEATH (Che	ock only one)				
YSI	1 TYES 2 NO	1 inpatient 2 ER/O		-	ne 5 🗆 Reeldence	8 Other (Specify)				
	27. MANNER OF DEATH 1. Natural 5 Pending	2Se. OATE OF INJUR (Month, Day, Year		MA. M.C	URY AT DRK? YES 2 NO	28d. OESCRIBE HOW	INJURY OCCUR	E0		
red BY	2 Accident Investigation 3 Suicide 8 Could not a 4 Homicide determined	2Se. PLACE OF INJU	As how turned at			2St. LOCATION (Street City or Town, State		Rural Route Nur	mber,	
COMPLETED	one)	YSICIAN: To the best of my known						suse(a) and m	anner as stat	tad.
BE	29b. SIGNATURE AND TITLE OF CERTIF	my MS			29c. LICENSE NUN	ABER 3	29d. OATE SI	GNED (Month,	Doy, Year)	
5	30. NAME AND ADDRESS OF PERSON	Sperle	OEATH (ITEM 27) (Type,	Print)	NANN	AM.	L*Z	Lyra	/ m	D
	11. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	on-Handale	U		,				

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	ificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		ritem 23 shows any injury or other traumatic event, the medical examiner must be notified
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	cate	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ham
ř	Mann	-53	-

George

Newman

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	1. DECEDENT'S NAME (First, Middle, Last AILEEN P	Tay Bu	RNS	1				MONTH 2	7	90	021	5
	4. SOCIAL SECURITY NUMBER 207-22-0598.	5. SEX	6. AGE (In yrs. In	YRS.	MONTHS	DAYS HOU	JRS MIH.	(Month	OF BIRTH , Day, Year) 14-29	8. E	Country) Pen	Or Forel
	9a. FACILITY NAME (If not institution, give		00		9b. CITY,	TOWH OR LO	CATION OF			c. COUNTY	MINCH MYNICH	YNAA
10R	Washington Count	y Hospita	2			Hag	ersto	wn		Was	hington	
DIRECTOR	10e. STATE 10b. COUN	TY		10c. CITY	, TOWN OI	RLOCATION					10d, INSIDE	CITY
	Florida 100. STREET AND NUMBER	Marion			(George 101, ZIP			1.	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	OF WHAT COUNT	
BAL	P.O. Box 72						2039				USA	HTT
FUNER	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. W	AS DECENDE	ENT OF HISE	PANIC ORIGIN	7 (Specify Yee or	No- 14.	RACE — America: Black, White, atc.	n Indian,
BY F	1 Never Married 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE W		NO		YES 2 X			ncun, etc.)		Specify:	ite.
	15. DECEDENT'S ED (Specify only highest gra		16a. D	ECEDENT'S	USUAL OC	CUPATION uring most of a	working	16b.	KIND OF BUSIN	ESS/INDUST		ne
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 a	86	e. Do NOT us	e retired.)		WORKING					
DMP	17, FATHER'S NAME (First, Middle, Last)				tomen	naker	MOTHER'S	NAME (First, A	Aiddle, Maiden Sur	Home		
ш	Robert Overc	ash						lla		eesam	an	
TO B	19e. INFORMANT'S NAME (Type/Print)								per, City or Town, S			
	Robert E. Burns 200. METHOD OF DISPOSITION 1 Burlel 2X Cremetion 3 Re					2. Ge C			Florida		or Town, State	
	23. PART I. Enter the diseases, or shock, or heert fellum IMMEDIATE CAUSE (Finel disease or condition reculting in death)	a. Card	lopu	lmo	Mar		arv	rest	0		Inter	oximete val Bet ot and I
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitiated events resulting in death) LAST	Can Court	OR AS A CONSE	the O sequence of A C	fof	lun B	q.	ast				
EDICAL (PART II. Other eignificent condition hyper cate		deeth but not	reculting i	n the un	derlying car	use given	In Part I.	24s. WAS AN AU PERFORMI 1 YES 2	ED?	24b. WERE AUTO AVAILABLE COMPLETIO OF DEATH? 1 YES	PRIOR TO IN OF CAI
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	1:		(Check only on				
SICIAN: M		28e. DATE OF		28b. T/M	E OF	28c. INJURY	AT	28d. DES	CRIBE HOW INJ	URY OCCUR	ED	
AN: M	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, E		INJ	URY M	WORK?		204 1.00	ATION /Ctmat	d Mumbas as 4	Rural Route Numbe	,

Howell Road, Hagerstown, Maryland 21740

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely	De med within 72 Hours after death with the State Dept. Of regard and western 1990me produce to come, connected the MPORTANT: If item 28 is marked, or flem 23 shows any infury, or other traumatic event,
SICIAN: The	certificate b	or Hem
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEF	PARTMEN				MENTAL	HYGIENE REG. NO.		30	04358
	1. DECEDENT'S NAME (First, Middle, Lest) MARIE A.	BACHM						2. OATE O	DE DEATH DAY		EAR 90	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-01-3715	5. SEX	a. AGE (In yrs. lest birtho	MONTHS	DAYS	HOURA	MIN.		DE BIRTH Day, Year)		BIRTHPL/ Country)	ACE (State or Foreign
œ	9a. FACILITY NAME (If not institution, give s ST. AGNES HUSPITA	treet and number)				OR LOCATI		EATH		c. COUNTY	OF DEAT	Н
CTO	RESIDENCE OF DECEDENT					imore	e Ci	ty		Bal	timo	
L DIRECTOR	Maryland Balt	imore	10c.	Arbu	tuş						1	d. INSIDE CITY LIMITS? YES 2 NO
ERA	1241 Birch Avenue				10	H. ZIP COO	1227					T COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Naver Married 2 Married 2 Wildowed 4 Divorced	12. WAS DECEOE! FORCES?	T EVER IN U.S. ARMED	13	if yea, sp	CENOENT	OF HISPAI	nn, Puarto R	(Specify Yea or ican, etc.)		Specify:	American Indian, hita, etc.
ETED	15. OECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	His Do M	NT'S USUAL d of work done OT use retired.	during m		ng	16b.	KINO OF BUSIN	ESS/INOUS		11100
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Hou	sewif	e	- Landania				home		
E CC	Henry Schmedes					16. MOT			iddle, Maiden Su	mame)		
TO BI	19a. INFORMANT'S NAME (Type/Print)		19b. MAI	LINO ADDRE	SS (Street	and Numbe		Route Number	Br, City or Town,	State, Zip Co	ode)	
-	Marie Massimini							rbutu	s. Mary	zland	212	27
	1 Surial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF Disother place)									
	21. SIGNATURE OF FUNERAL SERVICE LIC	A.	0)	athed	Ambr	ose I	une	ral H	ome,Inc			aryland
/	23. PATT. Enter the diseases, Dr ehock, or heert fellure. MEDIATE CAUSE (Finel	complications the	et caused the death. use on each line.	Do not ente	or the mo	ode of dy	ing, euc	ch ee cerdi	ng Road	tory arres	it,	Approximete interval Between Onset and Death
	disease or condition resulting in deeth)	a. CARL	OCAC - PLESP	114ATO1	24	AR	RES	τ				inmediate
NO	Sequentially list conditions,		UMONIA									
ATIC	if any, leeding to immediate ceuse. Enter UNDERLYING	SER	OR AS A CONSEQUENCE	CE OF):								
CERTIFICATION	CAUSE (Disease or Injury that initiated evente resulting in death) LAST	U	OR AS A CONSEQUENCE	CE OF):		1,5						
MEDICAL C	PART II. Other algorificant condition	ne contributing to	death but not result	ing in the t	underlylr	ng cause	given in	Part I.	24a. WAS AN AL PERFORMI 1 YES 2	ED?	AV CC OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION DF CAUSE DEATH? YES 2 NO
N.												_ 1E3 2 _ NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНІ		LACE OF I	DEATH (C	heck only one	9)			
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE O	ER/Outpatient 3 Description of Day, Year)	TIME OF	28c. IN	JURY AT ORK? YES 2		8 Other	(Specify) CRIBE HOW INJ	URY OCCU	RED	
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At home, fa	erm, street, ta					TION (Street and or Town, State)	d Number or	Rural Rout	e Number,
COMPLET	anal .		f my knowledge, death or									nd menner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIE	A ME	DICAL RES	SIDENT	PGY		ENSE NU				SIGNED (M	onth, Day, Year) 3 — 90
5	30. NAME AND ADDRESS OF PERSON WHE TUAN HERRADA	HO COMPLETED CAN	JSE OF DEATH (ITEM 27)	(Type, Print)	PITAL	- 9	00 0	ATON	AVE.	BAL		

32. REGISTRAR'S SIGNATURE
Julia Davidson Randelle

JAN 2 9 90

BALTIMORE HD 21229

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN REGISTRAR aka: Laura V. Baquol CERTIFICATE OF DEATH STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BAQUOL, LAURA YEAR 1340 р. м 27 90 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 F 212-20-5001 07/07/08 Maryland 9e. FACILITY NAME (If not institution, give street and number) 96, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore City St. Agnes Hospital Baltimore 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY Maryland Baltimore St. Denis 1 TYES ZXX NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101 ZIP CODE 21227 1812 Main Street USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. MARYLAND 21203-3346 1 Never Merried 2XXMarried 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced attending White ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY E hospital or Elementery/Secondary (0-12) College (1-4 or 5+) detached for COMPLE Housewife own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumerne) retained by BE Walter Dudderar Grace Amic notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Walter H. Baquol 1812 Main Street St. Denis, Maryland 21227 20 90 BALTIMORE. 20e. METHOD OF DISPOSITION

1 X Burlet 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Раде 6 тау must 4 Donetion 5 Other (Specify) Meadowridge Memorial Park Elkridge, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY death. Ambrose Funeral Home, Inc. removal. 1328 Sulphur Spring Road medical i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart feiture. List pnly pne cause on each line interval Between 0 MEDIATE CAUSE (Final Onest and Death ysician and completely filled prior to burial, cremation, or traumatic event, the n disease or condition resulting in death) Septicemia. 13146, DUE TO (OR AS A CONSEDUENCE OF): bowel or obstructed bowel ossible CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING BOX 2 physician CAUSE (Diseese Dr Injury certificate other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST guip o. 5 Health and Mental Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. RECORDS, 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 YES 2 NO OF DEATH? Shows function 1 YES 2 NO 0 has b Dept. PHYSICIAN: VITAL 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) Inpetient 2 ER/Outpetient 3 DOA 10 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED OF this c marked, INJURY 1 Natural 5 Pending 1 YES 2 NO After 1 death BY 2 Accident Investigation DIVISION ATTENDING 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after of Item 28 Is 49 8 Could not be COMPLETED 4 Homicide OR 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. FUNERAL (
within 72 h
TANT: If II HOSPITAL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occursd at the time, date end piece, and due to the cause(e) and manner se stated. TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: I 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Affending physicia 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri 0 3350 Wilkens Ave. Ba 5 31. DATE FILED (Month, Day, Year)

JAN 2 9 '90 32. REGISTRAR'S SIGNATURE Julia Davidson

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, to

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1. DECEDENT'S NAME (First, Mi	iddje, Last)	ال ٠	DITH) S. B				REG. NO			3. TIME OF OEATH
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9a. FACILITY NAME (If not institut	ution, give st	reet and number)	1.1		96. CITY, TO	WN OR LOCAT	TION OF D	EATH		9c. COL	INTY OF	DEATH
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10a. STATE	06. COUNTY			10c. CI1	TY, TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
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11. MARITAL STATUS 1 Never Married 2 Ma	erried	12. WAS DECEDEN FORCES? 1	YES	2 NO	If yes	s, specify Cut	ban, Mexic	en, Puerto	N? (Specify Ya Ricen, etc.)	e or No-	Blec	E - American Indian, ik, White, etc.
3 Widowed 4 Divorce		IF YES, GIVE V	MAR OR DAT	ES	1 🗆	YES 2 NO	O Speci	fy:			Spec	"White
15. DECEDI (Specify only hi	ENT'S EDUC ighest grade			(Give kind of life. Do NOT L	work done durin		king	16t	. KIND OF BL	JSINESS/IN	OUSTRY	
Elementary/Secondary (0-12)	Collaga (1-4 or 5	+)	Vice Pr		it		A	Abco E	nter	rise	es Inc.
17. FATHER'S NAME (First, Midd	lle, Last)					16. MO	THER'S N	AME (First,	Middle, Maide	n Sumame)		
Frank J	-	fer M.D					Frie	da V.	Wink	ler		
19a. INFORMANT'S NAME (Type	/Print)			19b. MAILING	G ADDRESS (St	reet and Numb	er or Rural	Route Num	ber, City or To	wn, State, Z	ip Code)	
Alan Bertaux					Norma			llico	tt Ci	ty Mo	1 210	043
20e. METHOD OF DISPOSITION Burial 2 Cremetion	3 🗆 Remo	oval from State		PLACE OF DISPO			emetory or			OCATION -		
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ı	11. MARITAL STATU
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I	3 Widowed 4

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

,	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
	Gerald A.	Berto	oni				90			186/ HINOM	90	YEAR	810/Pm "	
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs	. last birthday)		R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH	-14		PLACE (State or Foreign	
	578-70-137	77	1 📉 M 2 🗌 F	3	38 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 3/27/51		Country	esh. DC	
	9a. FACILITY NAME (If not in		treet and number)			9b. CITY	Y, TOWN	OR LOCATI	ION OF DE		9c. COU	9c. COUNTY OF DEATH		
DIRECTOR	Greater Lau	rel Bei	ltsville	Hospit	La	urel	el Pri					Georges		
<u> </u>	10a. STATE							TION					10d. INSIDE CITY	
5	Md.	E	lkri	dee						LIMITS? 1 YES 2 NO				
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PHYSICIAN: MEDICAL CE	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. OSTED POROSIC MULTIPLE COMPLESSION 1 YES 2 NO ORDETION OF CAUSE OF DEATH (Check only one) 24b. WER AUTOPSY FINDINGS AMLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)										AVAILABLE PRIOR TO COMPLETION DF CAUSE OF 0EATH?			
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	4 Homicide	determined												
COMPLET	(Check only	(Check only												
BE	296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
2	30. NAME AND ADDRESS	F PERSON WI	HO COMPLETED CA	JSE OF DEATH	(ITEM 27) (Tyr.	2)	DA	1100	FIL	FORLOF	(†)	LA	VRA	
	31. DATE FILED (Month, Day	1 90	32. REGISTE	AR'S SIGNATU	RE Son-Ran	dell	17.07	, , ,		20100		0/17		

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TO BE COMPLETED BY FUNERAL

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TYPODE SEA A ADG IT YES BELL WORLD SEA 1.2:20PM at 12:20PM at 12:2	REGISTRAR		CERTIFIC	ATE OF D	EATH	P	IEG. NO.	
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Boundary Commands	HERRY OCHWI	4RZ	223	PRINCE	100	HADI	E DECAH	RMO.
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ASIGNATURE AND TITLE OF CERTIFIER SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARGARITA A. KORELL, MD 111 Penn Street, Baltimore, MD 21201	Tomicio datamina		ROS	au				
SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER CCME 29d. DATE SIGNED (Month, Day, Year)	CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my know	riedge, death occurred	at the time, date as	nd place, and du	Montg	omery Rd., I	Howard Country,
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARGARITA A. KORELL, MD 111 Penn Street, Baltimore, MD 21201		On the basis of axaminatio	n and/or investigation,	In my opinion, dea	th occured at the	e time, deta an	d place, and due to the c	ause(s) and manner as stated.
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARGARITA A. KORELL, MD 111 Penn Street, Baltimore, MD 21201	b. SIGNATURE AND TITLE OF CERTIFIER	A 1/			29c. LICENSE NU	IMBER	29d. DATE S	IGNED (Month, Day, Year)
MARGARITA A. KORELL,MD 111 Penn Street,Baltimore,MD 21201	MALLO	media)					
MARGARITA A. KORELL,MD 111 Penn Street,Baltimore,MD 21201	NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	Print)				
			111 Pe	enn Stree	et,Balt	imore,	MD 21201	V
	DATE FILED (Month, Day, Year)							

TO BE COMP	IMPURIANE: It item 26 is market, or trem 23 shows any mjury, or other decirious event, and market. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: It tiem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

	FOR STATE REGISTRAR	STATE OF	MARYLAND C		TMENT OF			MENTA	L HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, La	st)		151					OF DEATH	VEA		ME OF DEATH	
	Thomas	Frederi	ck		Baker			MONTI	27	90	_	:02 A	М
	217-46-8538	5. SEX	8. AGE (In yrs. In	est birthday)	IF UNDER 1 YEAR	_	UNDER 24 HRS.	7. DATE	OF BIRTH	8. Bli	RTHPLACE	(State or Foreig	n
	530-40-9401	1 M 2 D F	41	YRS.	MONTHS DAYS	НО	URS MIN.		10-48		RYLA	ND	
	9s. FACILITY NAME (If not institution, gi	ve street and number)			9b. CITY, TOW	OR LO	OCATION OF DE	0.0		9c. COUNTY O		. 12	
STOR	Physicians Memo		ital		La P	lat	a			C	harl	es	
DIRECTOR	MARYLAND CHA	INTY RLES			Y, TOWN OR LOC OUASCO	CATION						INSIDE CITY LIMITS? YES 2 X NO	,
AL	10e. STREET AND NUMBER					10f. ZIP	CODE			10g. CITIZEN O	F WHAT O	COUNTRY?	
8	GENERAL DELI	VERY				2	20608			U.S	5.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 X YES 2 WAR OR DATES		If yes,	specify	ENT OF HISPAN Cuben, Mexica NO Specifi	n, Pusrto I	i? (Specify Yes o Rican, stc.)	В	leck, White pecify:	narican Indian, s, stc.	
	15. DECEDENT'S I		16a. C	DECEDENT'S	USUAL OCCUPA	TION		16b	KIND OF BUSI				
	(Specify only highest gi	College (1-4 or 5	- 4	le. Do NOT u	work done during se retired.)	most of	working						
7			I	ABORE	ER				CONST	RUCTION	1		
COMPLET	17. FATHER'S NAME (First, Middle, Last)								Middle, Malden S				
ш	JAMES RICHARD	BAKER, SR.					CATHERI	INE I	OUISE	COUNTIS	SS		
00	19s. INFORMANT'S NAME (Type/Print)		1	196. MAILING	ADDRESS (Street	et and N	lumber or Rural i	Route Num	ber, City or Town,	State, Zip Code,	200)11	
2	TERESA BAKER			5623	FIRST S	ST.	N.W.	APT.	3 WASI	HINGTON			
	204 METHOD OF DISPOSITION	and the state of the state of	20b. PLAC	E OF DISPO	SITION (Name of				-	ATION — Cily o			
	1 Z\Burlai 2 Cremation 3 F 4 Donation 5 Other (Specify)	lemoval from State		LES M	EMORIAL	GA	ARDENS		LEON	VARDTO	N. M	IARYLAN	D
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	-		22, NAME	AND A	DDRESS OF FA	CILITY					
	1 Jul 1	2-6	1 . 1 .	,					ER FUN				
	23. PART i Enter the diseases,	or annullations th	at council the	death Do					NARDTO		. 200	Approximete	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)			Shotg Shotg	un Woun un Woun				Chest;			Interval Betw Onsat end D	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO	O (OR AS A CONS	EOUENCE O	PF):	Ħ						Age.	
ERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	O (OR AS A CONS	EOUENCE O	PF):								
	PART II. Other significant condi	tions contributing t	n death but not	resulting	in the underly	dea ce	use alven in	Dart i	24a. WAS AN A	urmpey T	245 WEDS	E AUTOPSY FINDI	INGS.
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2											. 75		
AN	25. WAS CASE REFERRED TO MEDICA	L			26.	PLACE	OF DEATH (Ch	neck only o	ne)				
Sic	EXAMINER? 1√√YES 2 □ NO	HOSPITAL:	S ER/Outpatient	3 [] DOA	OTHER:	lome 5	Residence	9 [] Oth	e (Specific)				
Η	27. MANNER OF DEATH	26a. DATE C	F INJURY	28b. TI	AE OF 28c.	INJURY	AT		SCRIBE HOW IN	JURY OCCURE)	_	
	1 Natural 5 Pending	1/27/	Day, Year)	3:4	JURY	WORK?		cuh	iect wa	e chot			
ВУ	2 Accident Investigation	28e. PLACE	OF INJURY — At				27	-	ATION (Street ar			Number	
	4 Kitomicide 6 Could not determine	De building	, etc. (Specify)		,, -			City	or Town, State)				7
	29s. CERTIFIER			se at				Rt.	30Z, I	Char	Tes	CO. M	d.
COMPLETED	(Check only one) 1 CERTIFYING PI	HYSICIAN: To the best of	of my knowledge, examination and/o	death occur or investigati	on, in my opinion	late and n, death	f place, and due to occured at the	tims, date	use(s) and mani s and placs, and	ter se stated.	se(s) and	manner as state	ed.
BE	29c. LICENSE NUMBER 29d. DATE SIGNE OCME 1/								NED (Mont				
5	Margarita A. Ko				a, Print) 111 Per	n S	St.		Balt	co., Mc	. 21	201	
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE		L C1.					7 120	- 4-4		
	JAN 2 9 '90		, Savidson-		2								

DHMH-16 Rev 1/89

1		STATE REGISTRA
Γ	1. D	ECEDENT'S N
1		RITTH

1. DECEDENT'S NAME (F	rst, Middle, Last)	KATHER	RINE		BASS	ETT		2. DATE OF MONTH JANUA	DI	10	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NU 364-05-215		5. SEX 1 M 2 X F	6. AGE (In yrs. Ia	yast birthday)	IF UNDER		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D) 10-10	BIRTH av (har)	, ±-	6. BIRTH Country	PLACE (State or Foreign	
90. FACILITY NAME (# no	510	street end number)				LYWC	R LOCATION OF DE	EATH			MAR	EATH	
RT. 3 BOX RESIDENCE OF D 10a. STATE MICHIGAN	10b. COUNT	Υ			Y, TOWN							10d. INSIDE CITY LIMITS?	
	ER	-AND] DI	RIVILIN	101	ZIP CODE 48009					1 YES 2 NO	
10e. STREET AND NUMB 1562 BATE 11. MARITAL STATUS 1 Never Merried 2 3 X Widowed 4 C	Merried	12. WAS DECEDER	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES		13.	WAS DEC	ENDENT OF HISPAI ocity Cuban, Mexica 2 X NO Specifi	en, Puerto Rica			Bleck	— American Indian, t, While, atc.	
15. 0	ECEDENT'S EDU only highest grad (0-12)			le. Do NOT u	work done	during mo	st of working	18b. Ki	ND OF BUS	INESS/IN	DUSTRY		
		IN JONES					18. MOTHER'S NA	SAN AUG			MDE TO		
199. INFORMANT'S NAMI MARGARET P	(Type/Print)		1				nd Number or Rural HOLLYV	Route Number,	City or Town	n, State, Zi	(p Code)		
20e. METHOD OF DISPO 1 Burlel 2 X Crem 4 Donetion 5 0	ETHOD QE DISPOSITION 20b. PLACE OF DISPOSITION (Name of cornetary, cremetory or other place) 20c. LOCAT									- City or To			
21. SKINATURE OF FUNE	RAL SERVICE L	Haro			22. MA	NAME AP	GLEY-GAF	RDINER	FUNE	RAL	HOME		
Sequentlelly list confirmed in the sequentlelly list confirmed in the sequentlelly list confirmed in the sequentle in the sequents in the sequ	Sequentially list conditions, if siny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (DISEASE (DISEA												
PART II. Other eignli		ons contributing to		reculting	in the u	nderlyln	g cause given in		PERFOR	RMED?	246	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	D TO MEDICAL	HOSPITAL:			ОТНЕ		ACE OF DEATH (C	heck only one)					
	Pending	28e. DATE C (Month,	ER/Outpatient F INJURY Day, Year)	28b. TII	4 🗆 Nu	28c. IN.	PRK?	6 Other (S	-	NJURY O	CCURED		
3 Suicide 8	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At building, etc. (Specify)									28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
CONDON DINY		SICIAN: To the best of										e) and menner ee stated.	
296. SIGNATURE AND YOU	296. SIGNATURE AND TITLE OF CERTIFIER Ohe L Barnett VI D 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE					29c. LICENSE NI D19052						SIGNED (Month, Day, Year) - 27-90	
" 30. NAME AND ADDRES	OF PERSON W	HO COMPLETED CA	USE OF DEATH (17	TEM 27) (Tvo	e. Print)							. , ,	



	FOR
1	STATE
	REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

- STATE REGISTRAR			CATE OF		REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY	YEAR	3. TIME OF DEA	тн
ANNE RUBY	BARTENBAC	H			JANUARY 25	ANUARY 25, 1990			P. A
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Counti	IPLACE (State or I	oreign
220-50-8147	1 M 2 F	93 YRS.	MONTHS DATE	noons win.	JAN. 14,1	897	WI	SCONSIN	
9e. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN C	R LOCATION OF DI	EATH	9c. COU	NTY OF D	EATH	
ST. MARY'S NURSI	NG CENTER		LEONA	RDTOWN		ST	. MA	RY'S	
10a. STATE 10b. COUNT	Υ	10c. CITY	, TOWN OR LOCAT	ION				10d. INSIDE CIT	Υ
MARYLAND ST.	MARY'S	L	EXINGTON	PARK				1 X YES 2] NO
0e. STREET AND NUMBER			101	ZIP CODE		10g. CITI	ZEN OF V	WHAT COUNTRY?	
105 CECIL ROAD				20653			.S.A		
1. MARITAL STATUS 	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	If yes, sp		NIC ORIGIN? (Specify Yas in, Puarto Rican, atc.) y:	n or No—	14. RACE Black Speci	E — American Inc k, Whita, atc. ify: WHITE	llan,
15. DECEDENT'S EDU (Specify only highest grade	JCATION	16a. DECEDENT'S	USUAL OCCUPATION	ON et of working	16b. KIND OF BU	SINESS/IND	DUSTRY		
Elementery/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT us	a retired.)	st or working					
	1	HOME	MAKER						
7. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)			
FRED ZWEIFEL				MARY	BLAKE				
Da. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip	Code)		
MARILYN A. CROSBY					GTON PARK,				
0a. METHOD OF DISPOSITION ☐ Burial 2 ☐ Cremetion 3 ☐ Rem	novel from tune	20b. PLACE OF DISPOS ther place)				CATION -			
□ Donation 5 □ Other (Specify)	- A	ARLINGTO	ON NATIO			INGT	ON,	VA.	
Solutul V. B	mushel	X	BRINS		NERAL HOME		MD	20650	
Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		S A CONSEQUENCE OF			n Jour	8		min	ul
PART II. Other significent condition	ns contributing to describe	but not resulting	in the underlyin	g causé given in	Part I. 24a. WAS AN PERFO	RMED?	248	D. WERE AUTOPSY AVAILABLE PRIO COMPLETION OI OF DEATH? 1 YES 2	F CAUSE
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (C	neck only one)				
1 YES 2 NO.	1 - Inpatiant 2 - ER/C		Nursing Hon		6 Other (Specify)				
7. MANNER OF DEATH 1 Natural 5 Pending Investigation	(Month, Day, Yea	RY 26b. TIM	JURY WO	URY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OC	CURED		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJI building, atc. (5	JRY — At homa, farm, specify)	street, factory, offic	•	261. LOCATION (Street City or Town, State		or Aural	Route Number,	
oppl A	Loca	ation and/or investigation	on, in my opinion, o		time, date and placa, a	nd due to t	the cause((a) and manner as	
J. PATRICK JARB	32. REGISTRAR'S S		RTS BLDG	., LEONA	RDTOWN, MA	RYLA	ND 20	0650	

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
1. DECEOENT'S NAME (First, Middle, Lest) MURRAY ALLI	en budd				2. OATE OF DEATH	1990 ^{AR}	3. TIME OF DEATH 5:08 P
4. SOCIAL SECURITY NUMBER 307-07-3194		AGE (In yrs. last birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-23-14	Coun	HPLACE (State or Foreign try) IANA
	Street and number)		9b. CITY, YOWN C	DTOWN	EATH	IARY S	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CIT	TY, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
MARYLAND ST.	MARY'S	L	EXINGTON	PARK ZIP CODE			1 TYES 2 X NO
9 EAST RENNELL				20653		U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Naver Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 X IF YES, GIVE WAR WORLD WA	YES 2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 XNO Specif	NIC ORIGIN? (Specify Yearin, Puarto Rican, atc.)	Btac Spec	E — American Indian, ck, Whita, alc. city:
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+) 2 YRAS	(Give kind of life. Do NOT u	S USUAL OCCUPATION work done during moise retired.) ICAL: TEO	st of working		GOVERNME	ינוק/א
17. FATHER'S NAME (First, Middle, Last) J. MURRAY BUDT		FILECIA	ICALL TEA		ME (First, Middle, Maiden	Surname)	INT
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADORESS (Street)		Route Number, City or Yow		
DONALD W. MEGBY		RT. 2	49, BOX	6, CALLA	WAY, MD.	20620	
20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	noval from State	206. PLACE OF DISPO			1	CATION — CITY OF T LTENHAM,	
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		MATTI		CILITY ARDINER FUN LEONARDIC		
Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	D. BUING ONE TO COR	AS A CONSEQUENCE OF	soma				
resulting in death) LAST	d						
PART II. Other algnificent condition	na contributing to de	ath Dut not resulting	in the underlyin	g cause given in	Part I. 24e, WAS AN PERFOI	RMED?	b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	ACE OF OEATH (C)	neck only one)		
1 YES 2 NO		NOutpatient 3 DOA	4 - Nursing Hor		6 Other (Specify)		
1. Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day, 1		JURY W	URY AT PRK? YES 2 NO	28d. DEŞCRIBE HOW	NJURY OCCUREO	
3 Suicide 8 Could not be 4 Homicide detarmined	28a PLACE OF IN	JURY — At home, farm, (Specify)	street, factory, offic	•	281. LOCATION (Street City or Town, State)		Route Number,
and and	SICIAN: To the best of my						(a) and manner as stated
29b/ SIGNATURE AND TITLE OF CERTIFI							
Wand fles	Q			D 3150		≥ feb	2, 1990
-14	HO COMPLETED CAUSE (OF DEATH (ITEM 27) (Typ	e, Print)				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	-				



4.76

	1. DECEDENT'S NAME (First, Middle, Last	Joseph Jo	ohn Bal	uta		2. DATE OF DEA	DAY	3. TIME OF DEATH	A			
	4. SOCIAL SECURITY NUMBER		(In yrs, lest birthday)	IF UNDER 1 YEAR	L et impro es uno	7. DATE OF BIRD		20 Approx 100	pla "			
	180-07-8490	1 M 2 - F	76 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Y	BIRTHPLACE (State or Foreign Country) Pennsylvania					
	9e. FACILITY NAME (If not institution, give		10	9b. CITY, TOWN	OR LOCATION OF D		9c. CQUNTY		_			
DIRECTOR	1226 April	ton Rd		Elk	ton		Ce	ul County				
REC	10a. STATE 10b. COUN			Y, TOWH OR LOCA	TION			10d. INSIDE CITY				
- 0	2	ecil	E	lkton				1 TYES 2 X NO				
RAL	100. STREET AND NUMBER 1226 Appleton 1	2023		10	21921			OF WHAT COUNTRY?				
FUNER	11. MARITAL STATUS	12, WAS DECEDENT EVER	IN II S ADMED	12 WAS DE	CENDENT OF HISPA	NIC ODICING (See		. A				
BY	1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	N yea, sp	ecity Cuben, Maxic	en, Puerto Ricen, e		Black, White, atc. Specify: White	1			
ED	15. DECEDENT'S ED (Specify only highest gra-	UCATION de completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON ost of working	16b. KIND (F BUSINESS/INDUS	TRY	**			
LET	Elamentery/Secondary (0-12)	College (1-4 or 5 +)	He Do NOT u	se retired.)	or or working	2	. 1	A	-			
COMPL	10		Millw	right	Lauren		oleum In	austry	1			
	17. FATHER'S NAME (First, Middle, Lest) Peter Ba	luta			18. MOTHER'S N	Rose K	faiden Surmame) Crzewicki					
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAIL INC	ADDRESS (Street	and Number or Rural		or Town, State, Zip Co	odel				
2	Lillian P. Balu	ıta		5 Applet				21921				
	20a. METHOD OF DISPOSITION	2	0b. PLACE OF DISPO	SITION (Name of ce	metery crematory or		Dc. LOCATION — CITY	y or Town, State				
	1 M Burial 2 □ Cremation 3 □ Ra 4 □ Donation 5 □ Other (Specify)	moval from State	St. Cas:	imer's C	emetery		Marion H	eights, PA				
	22. NAME AND ADDRESS OF FACILITY Hicks Home for Funerals, P.A. Bow and Stockton Streets											
	Elkton, MD 21921 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate											
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, and anock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
ERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):											
ERT	thet initiated events resulting in death) LAST d.											
AL CI	PART II. Other significent condition	ons contributing to death	but not reaulting	in the underlyin	g cause given in	Part I. 24e. V	AS AN AUTOPSY	24b. WERE AUTOPSY FINDING	38			
MEDIC	Dialetes	mellitu				P	ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
IAN:	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (C	heck only one)						
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3 DOA	OTHER:	ne 5 XRealdence		(v)					
РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28e, DATE OF INJURY (Month, Day, Year)	Y 285. TIR	ME OF 28c. IN	JURY AT ORK? YES 2 NO	,	HOW INJURY OCCU	RED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28a. PLACE OF INJU	RY — At home, farm, pecify)	street, factory, offic	ce	261. LOCATION (City or Town	Street and Number or , State)	Rural Route Number,				
COMPLET	cool only	/SICIAN: To the beat of my known						couse(e) end manner as stated				
BE C	296. SIGNATURE AND TITLE OF CERTIF	IER .	m. 1. 1	G	29c. LICENSE NO	JMBER	29d. DATE S	HIGNED (Month, Day, Year)				
2	20 ROME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Im	Xd~; -eV	1011	691	171	5 4 1990	,			
	Juan (Gov	120612-Vita	G MD	Unio	y Hosp	1. El	Kton 1	n) 21921				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											
	FEB 5 '90	Lulia Davido										

DHMH-16 Rev 1/89

Baluta

0)1

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: MANTLAND	rs after death. Page 6 may be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lilled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	1 by the funeral director, page 5 should be detach removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once.

31. DATE FILED (Month, Day Year)

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF HI			IYGIENE REG. NO.	0 9 90			
	1. DECEDENT'S NAME (First, Middle, Last)	ertrude	m. ,	Beach		2. DATE OF MONTH		SAR STIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 213-60-8481 A	5. SEX 6. AGE (In	yrs. lest birthdey) YRS.	MONTHS DAYS 27	MONTHS DAYS HOURS MIN. (Month, Qay, Year) Country)						
TOR	9a. FACILITY NAME (If not institution, give s	med and number)		96. CITY, TOWN OF	dence	EATH /	9c. COUNTY	9c. COUNTY OF DEATH THELEFICK			
DIRECTOR	100. STATE 10b. COUNTY Maryland Fr	ry, TOWN OR LOCATI	on erick			10d. INSIDE CITY LIMITS? 1 Tyes 2 No					
FUNERAL	100. STREET AND NUMBER 200 E. 16th Str	101.	2170	1		J.S.A.					
ВУ	11. MARITAL STATUS 12. Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 _ YES IF YES, GIVE WAR OR DAT	2 🗀 90	If yes, spe	ENDENT OF HISPAI city, Cuben, Mexice 2 NO Specifi	n, Puerto Rice	pecify Yee or No.— 14 n, etc.)	RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elemantery/Secondery (0-12) 7 Yrs •	Cation completed) College (1-4 or 5+) NONE	(Give kind of life. Do NOT u	s usual occupation work done during most se retired.) Sekeepe	t of working	16b. KIN	OF BUSINESS/INDUS	TRY			
ш	17. FATHER'S NAME (First, Middle, Lest) John H. Beach					ME (First, Middle y Gin	le, Melden Sumeme) neman				
TO B	190. INFORMANT'S NAME (Type/Print) Thomas O. Warf	ield, 4th	3922	W. Wat	ersvil	Route Number, 0	City or Town, State, Zip Co d.Mt.Air	y, Md.21771			
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremellon 3 Rem 4 Donation 5 Other (Specify)	ovel from State	other place)	ree Cemetery Howard Co., Md.							
	21. SIGNATURE OF WHITTAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burrier Funeral Home Winfield, Maryland 21784										
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, Dr heert feiture. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Due to (or as a consequence of):										
ATION	Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	DUE TO (OR AS A C	CONSEQUENCE O	IENCE OF):							
MEDICAL	PART II. Other algoliticent condition	DIMBUTES DOMENTIES		In the underlying	cause given in		e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	3	26. PL	ACE OF DEATH (C)	neck only one)					
HYS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpar 26e. DATE OF INJURY	26b. Til	4) Nursing Home				RED			
ВУ Р	1 Matural 8 Pending 2 Accident Investigation	(Month, Day, Year)		26d. DEŞCRIBE HOW INJURY OCCURED							
TED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY - building, atc. (Specif	- At home, ferm,	streel, fectory, office			ON (Street end Number or lown, State)	Rural Route Number,			
COMPLETE	noel -	ICIAN: To the best of my knowle ER: On the basis of examination									
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ROLL	~		29c. LICENSE NU	MBER	29d. DATE S	BIGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	e, Print)				12/10			

'90 32. REGISTRAR'S SONTURT Juidson-Randelle

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last) CLAUDE	E- Bo	5501	7	2. DATE OF DEATH	3. TIME OF DEATH 2 35PM						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-30-	Cour	INPLACE (State or Foreign arvland					
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN (CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT								
DIRECTOR	Baltimore County General Hosp:	ital	Randallstown Baltimore County									
REC	10a. STATE 10b. COUNTY		TOWN OR LOCAT	HON		10d. INSIDE CITY LIMITS?						
LD	Maryland Carroll County 100. STREET AND NUMBER	Syke	esville	I. ZIP CODE		1 TYES 2 NO						
ERA	6406 Church Street			21784		A.						
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Midowed 4 Divorced	2 X NO	If yes, sp		IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	Ble	CE — American Indian, ck, White, atc.					
ED	15. DECEDENT'S EDUCATION	18a. DECEDENT'S U	SUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUSTRY	White					
E	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during mo retired.)	ast of working								
COMPLET	6	Meat Cut	ter				tate Hospital					
	John M. Bossom				ME (First, Middle, Maiden Royston	Surname)						
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILINO A	DDRESS (Street a		ROYS LOTT	n. State. Zip Code)						
5	Gladys Conaway				Sykesville		84					
	20a. METHOD OF DISPOSITION 20 1X Burlal 2 □ Cremation 3 □ Removal from State 4 □ Donetion 5 □ Other (Specify)	b. PLACE OF DISPOSIT other place)		metery, cremetory or rial Gard		cation — City or	Town, State Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	27029200	22. NAME A	ND ADDRESS OF FA	CILITY							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Brian A Haidt FUNERAL HOME (P.O. BOX 195) Sykesville, MD 21784 (301)-795-1400											
	23. PART I. Enter the diseases, or complications that caded the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF):											
ATION	Sequentielly list conditions, if any, leading to Immediate ceuse. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
	PART II. Other significant conditions contributing to death	but not resulting in	the underlyin	a course alves in	Part I. 24a, WAS AF	LAUTTONAN						
MEDICAL	Controlling to deet	but not resulting wi	the underlyin	g cause given in	PERFO	RMED?	Ib. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATN? 1 YES 2 NO					
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. P	LACE OF DEATH (Ch	eck only one)							
tYS	1 YES 2 NO 1 Inpatient 2 ER/Out 27. MANNER OF/DEATH 28e. DATE OF INJURY			IURY AT		IN HIEW COCKER						
BY PI	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJU	M 1 _	YES 2 NO	28d. DESCRIBE NOW	INJURY OCCURED						
ED	3 Suicide 8 Could not be determined 28e. PLACE OF INJUR building, atc. (Spin determined)	Y — At home, farm, str ecity)	reet, factory, offic	e e	28t, LOCATION (Street City or Town, State	and Number or Rura)	I Route Number,					
COMPLET	29e. CERTIFIER (Check only one) 1 MEDICAL EXAMINER: On the basis of examination						o(e) and menner as stated.					
BE	20% SIGNATURE AND TITLE OF CENTURER	MI	D	29c. LICENSE NUI	BER 57	29d. DATE SIGNI	D (Month, Day, Year)					
10	30. NAME AND ADDRESS OF PERSON WHO COMPLEYED CAUSE OF DEPESTRE	EATH (ITEM 27) (Type, I	Print)	E (OI)	NTY GF	VERAL	HOSPITAL					
	31. DATE FILED (Monith, Day, Year) FEB 5 '90 32. REGISTRARY SIG	Davidson-Ra	ndell				HOSPITAL					

TO BE COMPLETED BY FUNERAL DIRE

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		011112 01 1				F DEATH		EG. NO.		
1. DECEDENT'S NAME (First,			THY MA	E BRAG	ER		2. DATE OF D		YEAR	3. TIME OF DEATH
	othy I						027	01/90	TEAM	10:30p M
4. SOCIAL SECURITY NUMBER 214-09-0585	5	5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	03/0	1944 18/14	Count	PRSTOWN, MD
90. FACILITY NAME (If not in						N OR LOCATION OF D	EATH	9c. CO	UNTY OF D	
Southern		and Hos	spital	-	Cli	nton		Pr	ince	George's
10e. STATE	10b. COUNTY			10c. CITY	, TOWN OR LOC	CATION				10d. INSIDE CITY
MARYLAND	CHAR	LES		WAL	DORF					1 YES X NO
2662 UPBROOK	COURT					101. ZIP CODE 20602			USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2X NO Specif	en, Puerto Ricen			E — American Indian, k, White, etc.
15. DEC	EDENT'S EDUCA y highest grade co	TION	16a.		USUAL OCCUPA		16b. KINI	D OF BUSINESS/IP	DUSTRY	
9TH GRADE		College (1-4 or 5		IOMEMAK	e retired.)	most of working		N/A		
17. FATHER'S NAME (First, M						18. MOTHER'S NA	AME (First, Middle	e, Maiden Surname) KEY		
19a. INFORMANT'S NAME (7				19b. MAILING	ADDRESS (Stree	nt and Number or Rural			(ip Code)	
JUDITH ANNE	O'CONN	OR				COURT, WA				
20e. METHOD OF DISPOSIT 1 X Burlel 2 Cremetto 4 Donation 5 Other	ION on 3 - Remov		GREE		ITION (Name of	cemetery, cremetory or		20c. LOCATION -	- City or To	WIN, State VIRGINIA
21. THE ATURNOV CHANGE	L SERVICE LICE	7.1/	1							AL HOME, INC.
23. PANT L Enter the d	MA	CHEDN	1			BOX 156,				-0156
IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme- ceuse. Enter UNDERLY	a.		SEF (OR AS A CON	SSS SEQUENCE OF EATIC	UCIT	U				Interval Between Onaet and Death
CAUSE (Disease or injuthet initieted events resulting in death) LAS		DUE TO	(OR AS A CON	SEQUENCE OF	7):					
PART II. Other significa		contributing to		ot reaulting i	n the underly	ing cause given in		. WAS AN AUTOPS' PERFORMED? YES 2 NO	7 24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL				26.	PLACE OF DEATH (C)	heck only one)			
EXAMINER?		HOSPITAL:	ER/Outpatien	3 DOA	OTHER:	ome 5 Residence		eclfv)		
27. MANNER OF DEATH 1 Netural 5	Pending Investigation	28e. DATE OF (Month, L	INJURY	28b. TIME	E OF 28c. I	NJURY AT WORK? YES 2 NO		BE HOW INJURY O	CCURED	
3 Suicide 8	Could not be determined	26e. PLACE (building,	OF INJURY — Al	t home, farm, s	street, factory, of	fice	281. LOCATION	N (Street and Numb wn, State)	er or Rural I	Route Number,
onel						ste and place, and du				a) and manner as stated.
29b. SIGNATURE AND TITLE	7		m			29c. LICENSE NU D-18	S45	29d. D/	Z Z	(Nonth, Day, Year)
PHILIP WIST	SKY, MD					ON HILL,	MARYLA	ND 20745	5	
FEB 0 6	*90	32. REGISTRA	Day doon	Randell	2					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a few death. Sages 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

THE OF	Control of the state of the sta
examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Juns after death. Page 6 may be retained by the hosp
BALLIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13140,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF		/ DEPARTMENT				MENTAL	HYGIENE
	C	ERTIFICATE	OF	DEAT	'H		REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AN	D MENTA	L HYGIENI REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)			E OF BEATH	2. OATI	E OF DEATH	*	3. TIME OF OEATH
T	Derrus Edward B	oui e		Jan	TH DAY	1990	18:54 M
	SEX 6. AGE (In yrs. les		ER 1 YEAR IF UNDER 24 HR	s. 7. DATE	OF BIRTH	8, 6	BIRTHPLACE (State or Foreign
220-94-9482 9a. FACILITY NAME (If not institution, give atree	M 2 ☐ F 10	YRS. MONTH	15	Dec	. 15, 1	979 M	aryland
Frederick Memor	ial Hospital	9b. Cl	ry, town or Location o Frederic	F DEATH		Fre	of DEATH derick
RESIDENCE OF DECEDENT							
10a. STATE 10b. COUNTY		10c. CITY, TOWN		-			10d. INSIDE CITY
Maryland Fre	derick	100	Mt. Airy	7			LIMITS?
100. STREET AND NUMBER 13860 Old Anna	polis Road		10f. ZIP CODE 21	771		10g. CITIZEN	of what country? . S . A .
11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S. AR	MED 1:	3. WAS DECENDENT OF HIS	SPANIC ORIGI	N? (Specify Yea	or No- 14.	RACE American Indian,
1 X Never Married 2 Married	FORCES? 1 YES 2 THE	10	If yes, specify Cuban, Ma	xican, Puarto			Black, White, atc.
3 Widowed 4 Divorced				roony.			White
15. OECEDENT'S EDUCA (Specify only highest grade co	mpleted) (G	Do NOT use retired	e during most of working	16	b. KIND OF BUS	INESS/INOUST	RY
17. FATHER'S NAME (First, Middle, Last) Larry Edward B	owie		16. MOTHER'S Caro	NAME (First,	Middle, Maiden	Sumame) Lee	
19a. INFORMANT'S NAME (Type/Print) Larry E. Bowie	191 P	. O . Boz	ss (Street and Number or Rick 3785 Fre	ural Route Num ederi	nber, City or Town	aryla:	nd 21701
20a, METHOD OF DISPOSITION 1 D Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State Fall.	OF DISPOSITION	Name of cometery, crematory Cemetery	or	20c. LOC Tay	cation — city lorsv	or Town, State ille, Md.
21. SIGNATURE OF FUNERAL SERVICE LICEN	BKE SIG	2	2. NAME AND ADDRESS O				
· Chalesto	Lanier, J.		Burrier D Winfield	Tuner , Mar	al Horyland	me 2178	4
23. PART I. Entar tha diseases, or con abook, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	pilications that caused the deat only one cause on each line Cardian Symptomic Due to (or As A Consecutive Symptomic Cardian Symptomic Ca	in tons	er the mode of dying, Avast	auch aa ca	rdiac or reapli	ratory arreat,	Interval Between Onset and Death
Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	DUENCE OF):					4 days
cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):					
0.							
PART II. Other algolificant conditions	contributing to death but not r	eaulting in the	undarlying cause giver	in Part I.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
							1 160 2 10 110
25. WAS CASE REFERRED TO MEDICAL		_	26. PLACE OF DEATH	(Check only o	one)		
	OSPITAL:	OTH	ER:				
27. MANNER OF DEATH	28s. DATE OF INJURY	26b. TIME OF	26c, INJURY AT		ESCRIBE HOW IN	LINEY OCCUP	EO.
1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?		LOGINOL HOW H		
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — At he building, atc. (Specify)	me, farm, street, f		28f, LO	CATION (Street a y or Town, State)	nd Number or F	Rural Route Number,
000)	AN: To the best of my knowledge, de On the basis of examination and/or						use(a) and manner as stated.
296 STONATURE AND TITLE OF CERTIFIER	3, 8		29c. LICENSE	NUMBER		29d. OATE SI	GNED (Month, Day, Year)
10 NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)				HIT	
31. DATE FILEO (Month, Day, Year)	32. RESISTRARIS/GIGNATURE	0 1 10					
FEB 1 '90	32. RESISTENCE SIGNATURE S	jandalda					

an examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, by mydical examiner must be notified at once.	-
The Control of the Co	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiers are no built common of minimum	Q
me uneral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending president and an experimental president of the strength of detached	Berr
The wath. Page 6 may be retained by the hospi	TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death cartil am researched warms at house many. Page 6 may be retained by the hospi	he
BALLIMORE, MARTLAND	DIVISION OF VITAL RECORDS, P.O. BOA 13148,	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM			ENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)	Thomas E.	BLum			2. OATE OF DEATH MONTH DA	0, 199	3. TIME OF DEATH 1:30 P M			
	4. SOCIAL SECURITY NUMBER 220-26-5585	5. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 17-30-27	BIRTHPLACE (State or Foreign Country)				
OR .	90. FACILITY NAME (If not institution, give : Eagles Ne	street and number) 12 Road	96	96. CITY, TOWN OR LOCATION OF DEA Benlin							
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Md Wo	r ncester		OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 ND			
	100. STREET AND NUMBER Rt 2 Box 460D	Engles Nest &	Rd	101	. ZIP CODE 2/8//		10g. CITIZEN	OF WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR DR DATI	J.S. ARMED 2 ND	If yes, sp		DRIGIN? (Specify Yee Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED B	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th		(Give kind of work life. Do NOT use re	done during mo	st of working	186. KIND DF BUS	ness/inous				
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden	Surname)				
TO BE	Irvin C. Blu 190. INFORMANT'S NAME (Type/Print) Marie Blum	<u>m</u>			nd Number or Rural Ro	an Stimax ute Number, City or Towr , Md., 218		de)			
	20g. METHOD DF DISPOSITION t Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	noval from State	PLACE DF DISPOSITION DISPOSITION DOVER C	ON (Name of cer	netery, crematory or	20c. LO	CATION — City	or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	DOVEL C	stown, Md.							
/	Eline Funeral Home Reisterstown 23. ART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart fellure. Liet only one cause on each line. IN MEDIATE CAUSE (Finel disease or condition resulting in death) Oue TO (DR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART II. Other significent condition	ne contributing to deeth but	t not reculting in t	he underlyin	g cause given in P	PERFOR	24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY ANALABLE PRIO COMPLETION DID DEF DEATH? 1 YES 2 ND 1 YES 2				
AN:	25. WAS CASE REFERRED TO MEDICAL			28 0	ACE OF OEATH (Chec	rk only one)					
SICI	1 Tyes 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpet		THER:	ne 5 Residence 8						
BY PHY	27. MANNER DF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE DF INJURY (Month, Day, Year)	28b. TIME O		PRK?	28d. DESCRIBE HOW II	HOW INJURY OCCURED				
9	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE DF INJURY - building, etc. (Specif)	– At home, farm, stre y)	et, factory, offic	•	281. LOCATION (Street a City or Town, Stelle)	and Number or	Rural Route Number,			
COMPLET	none)	SICIAN: To the best of my knowled ER: Do the best of examination									
BE	296. SIGNATURE AND TITLE OF CERTIFIE	W			29c. LICENSE NUMI	507	29d, DATE S	31/90			
10	30. NAME AND ADDRESS OF PERSON W	HD COMPLETEO CAUSE DE DEAT	S (Type, Pri		CARRY	LSA S	HUSB	ury MM			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE								

DHMH-t8 Rev 1/89

ND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diffuse hiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 90 04373

REGISTRAR		CERTIFICATE	OF DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
KATHLEEN CAT	HERINE BENSTON			01	- 1	0 7:53PM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.			7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)
218-20-8108	1 M 2 XX 62	YRS. MONTHS	DAYS HOURS MIN.	8/25/27		mp.
PRINCE GEORGE S	street and number) HOSPITAL CENTE	:R 96. CITY, 1	TOWN OR LOCATION OF DI	EATH	9c. COUNTY I	OF DEATH
RESIDENCE OF DECEDENT					1	
MARYLAND 106. COUNT	C	10c. CITY, TOWN OR	LOCATION	<u> </u>		10d. INSIDE CITY LIMITS?
IOe. STREET AND NUMBER	0	1 11111	101, ZIP CODE	2 LARGO	10g. CITIZEN	OF WHAT COUNTRY?
600 LARGO ROAD	M. E.L. D.		90791	20722	11	C
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.		AS DECENDENT OF HISPAI		s or No 14.1	RACE American Indian, Black, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2		yes, specify Cuban, Mexica YES 2 NO Specif			Specify D1 In
15. DECEDENT'S EDU (Specify only highest grad		DECEDENT'S USUAL OCC		16b. KIND OF BU	ISINESS/INDUST	D LMC
Elementary/Secondary (0-t2)	College (1-4 or 5+)	(Give kind of work done du life, Do NOT use retired.)	ning most or working		1	
	1-4	IL IS A	HER	63	ucATI	000
17. FATHER'S NAME (First, Middle, Last)) (I miouso r	DICDI COIT	16. MOTHER'S NA	ME EVELYN E	LIZABET	H WILSON
The many	THOMAS F	RISBY GOULI		PELUN		डिले १६)
19a. INFORMANT'S NAME (Type/Print)	But	t96. MAILING ADDRESS	Street and Number or Rural	Route Number, City or You	vn, State, Zip Cod	0) 1111 H
20a. METHOD OF DISPOSITION	Dewstow	CE OF DISPOSITION (Nam	of forces	Red S Ch.	CATION - CHY	140 1111 201
1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State other	place)	E. 10 C	EMETER:	CATION - City	il. Wed
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	22. N	AME AND ADDRESS OF FA	CILITY O	- UNIKE	CANE MEI.
19 DI	A. M. d.	Full 3	322 2,00	ALLE NO	216	0.3
23. PART i. Enter the diseases, or	complications that caused the	death Do not enter t	5 pc o Oh	b as cardiac pr case	216	Approximate
shock, or heart fallure.	List only one cause on each I	Ine.	no mode or dying, add	in aa darama Di 10aş	manury arroad,	Interval Between Onset and Deat
IMMEDIATE CAUSE (Fine)	CERTIFICA	50 W. A.M.	no ku	Macr		1 Koun
reaulting in death)	DUE TO (OR AS A CON		[CC] N	1.011		13.10
	bours my	MICHARO CAN	V VP PON	Gnon	Bro	Lim
Sequentially list conditions, it any, leading to immediate	DUE TO (OR AS A CON		200 44	20		- 50
CAUSE (Disease or injury	a ON MAS		ethoke.	coup 4	NEW	acho
thet initieted events reaulting in death) LAST	DUE TO (OR AS A CON		no scron	25-		lans
	d.	014761	1000 00000	ord		-
PART II. Other significant condition	ne contributing to death but no	ot resulting in the und	erlying cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
KIND BU	althor			1 TYES		COMPLETION OF CAUSE OF DEATH?
O NRAVE	WE ME	mons				1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	26. PLACE OF DEATH (CA	neck only one)		
1 D YPS 2 NO	1 Inpetient 2 FR/Outpetient 26a. DATE OF INJURY		ng Home 5 Realdence			
1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCURE	ED
2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY — AI	home, farm, street, factor		26f. LOCATION (Street	and Number or B	tural Boute Number
4 Homicide 6 Could not be determined	building, atc. (Specify)			City or Town, State)	
	SICIAN: To the best of my knowledge,	, death occurred at the tim	ne, date and place, and du	to the cause(s) and ma	enner se stated.	
one) 2 MEDICAL EXAMIN	IER: On the basis of examination and	or investigation, in my op	Inion, death occured at the	time, date and place, a	and due to the ca	use(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	R		29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)
- Una	, wh - He	Lay Artel	17/61	17	1	15-95
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			Δ,	
MYCES C. V	KANAL ' HO:	N12.810 19	+April-RS	rout 1	V. Vo	Lagur M
31. DATE FILED THAT PAY YOU 90	32. REDISTRAR'S SIGNATUR	Bundapp				

TO BE COMPLETED BY FUNERAL DIRECTOR

1

STATE REGISTRAR		SIAIE UF N					F DEAT		WENTAL	REG. NO.	Ŀ		
1. DECEDENT'S NAME (First	t, Middla, Last)								2. DATE OF				3. TIME OF DEATH
MARCELLIN		RIIDCECC		4:					MONTH	DA		YEAR	
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNI	DER 1 YEAR	R IF UNDER 24	4 HRS.	7. DATE OF	BIRTN	- 199		4:57 P.M. M
		1 M 2 SF	66	YRS.	MONTH		-	MIN.	(Month, I	7. 192	24	Countr	
215587095 9a. FACILITY NAME (# not					ob C	TTV TOW	N OR LOCATION	N OE DE	ATH		l ac COUR	ITY OF D	FATH
							erland	TOF DE	AITI		St. COO!	III OF D	EAIR
SACRED HE		SPITAL									ALLE	GAN	Y COUNTY
10e. STATE Md.	10b. COUNT	rett		10c. CIT		N OR LOC	iller						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e, STREET AND NUMBER	1				_	Т	10f. ZIP CODE	_			10a CITI	ZEN OF W	VNAT COUNTRY?
State St					Ш		2153	38			_	U.S.	
11. MARITAL STATUS 1 Never Merried 2 2 3 Wildowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X			Il yes,	SECENDENT OF specify Cuben, (ES 2 10 NO	Maxica	n, Puerto Ric		or No—	14. RACE Black Speci	- American Indian, c, White, alc. fy: White
	CEDENT'S EDU		18a. DE	CEDENT'S	USUAL	L OCCUPA	TION		16b. K	IND OF BUS	SINESS/IND	USTRY	
(Specify of Elementary/Secondary	life.	Do NOT u	se retire	d.)	most of working		H	lome					
17. FATHER'S NAME (First,	Middle, Last)						18. MOTNE	ER'S NA	ME (First, Mic	idle. Maiden	Sumame)		
Olen H. A		r, Sr.							larie			r	
D.A. Burdo							et and Number of niller,				n, State, Zip	Code)	
20e. METNOD OF DISPOSI	ion 3 🗆 Ren	noval from State	20b. PLACE other pla	of Dispo	sition hke	(Name of	cometery, crama	ntory or	I	1	Gard	-	
4 Donetion 5 Other		CENSEE					AND ADDRESS	S OF FA	CILITY				
		Busde	rck							e Kit	zmil.	ler,	Md. 21538
shock, or IMMEDIATE CAUSE (F disesse or condition resulting in desth) Sequentisity list cond if sny, leading to Imm csuse. Enter UNDERL' CAUSE (Disesse or in that initiated eventa resulting in death) LA	itiona, ediste YING jury	bDUE TO	D.	DUENCE O	OF): OF):	4	STR	oks					Interval Between Onset and Death 2 Navilla
PART II. Other signific	ATEL	CANC	ER		In the	underly	ying cause gi	iven in	324	PERFO	MED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATN? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	NOSPITAL:			OTH	26 HER:	PLACE OF DE	ATN (Ch	eck only one)				
1 TYES 2 NO		1 Inpatient 2	ER/Outpatient 3	□ DOA		Nursing i	iome 5 🗆 Res	Idence	6 🗆 Other	(Specify)			
27. MANNER OF DEATN 1 Natural 5	Pending Investigation	28e. DATE OF (Month, L		28b. TIR	ME OF JURY		INJURY AT WORK? YES 2	NO	28d. DESC	RIBE NOW	INJURY OC	CURED	
a C entelde	Could not be determined	28a, PLACE C building,	F INJURY — At he atc. (Specify)	ome, farm,	street,	factory, o	ffice			TION (Street Town, State)		or Rural i	Route Number,
one)		SICIAN: To the best of											a) and manner as stated.
29b. SIGNATURE AND TITE	1		4 0		2	H	29c. LICEI			, , , , , , , , , , , , , , , , , , ,			(Month, Day, Year)
30. NAME AND ADDRESS	OF PERSON W	NO COMPLETED CAU	SE OF DEATH (ITE	M 27 (Type	e, Print)	(1 10	ψ ,	00	1033	3	- 1	-30	340
	400	SETO	Da.	Cu	llh	nsn	LANG	>	Med	5	150	2	
31. DATE FILED (Month, De	'90		AR'S SIGNATURE	Andal	y.								

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FINNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ONMN-16 Rev 1/89

THAM STEWARD (F) FANG CHICER LEFT LINE 2, 2. mid

TO BE COMPLETED BY FUNERAL DIRECTOR

		ICE.	
		10	
		-	
		er must be notified at once.	
		be	
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	-	item 23 shows any injury, or other traumatic event, the medical examiner	
	il, cremation, or removal	nedicai	
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	Dept. of Health and Mental Hi	iluny,	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFI	CATE OF	DEATH	В	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEAT	Н
CLARENCE SOLOM	AN BECK	MAN				MONTH 2	3	199	O	9:35	ам
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	-	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I			B. BIRTH	IPLACE (State or For	reign
217-18-4966	1 🖾 M 2 🗌 F	77	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Da	21.1	912	Countr	rvland	
9a. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY, TOWN	OR LOCATION OF D			9c. COUN			
Garrett County Mer	morial H	spital		Oakla	nd			Gar	reti	t	
10a. STATE 10b. COUNTY				, TOWN OR LOCAT						10d. INSIDE CITY LIMITS?	
laryland Gari	rett		De	er Park	I, ZIP CODE			40 - C/T/T	EN OF W	1 YES 2 X	NO
Rt. 3 Box 43					21550				USA	THAT COONTRY?	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE 1	TEVER IN U.S. YES 2	ARMED	If yes, sp	ecify Cuben, Maxica 2 X NO Specific	in, Puerto Ricar		or No-	14. RACE Black Specif	— American Indie	n,
15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	18a.	DECEDENT'S U	USUAL OCCUPATIO	ON set of working	18b, KIN	ND OF BUS	INESS/INDU	JSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT use	ork done during mo e retired.)	at or worning						
7			Carpen	ter]	Build	ing			
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle	lle, Malden S	Surname)			
Albert	Beck	man			Grac	е		Mo	oon		
19a. INFORMANT'S NAME (Type/Print)					and Number or Rural						
Freddie Beckman			Rt. 3		B Deer	Park,	Md.	2155	0		
20e. METHOD OF DISPOSITION 12 Burial 2 Cremation 3 Ram	oval from State	20b, PLA	CE OF DISPOSI r place)	ITION (Name of cer				or Town, Stata			
Donation 6 Other (Specify)	W. W. W. W.	Ple	asant	Valley (laryland					
folim 14	120m	It MO	0167		t Funera			O. Bookland			0
	e. Perito		SEOUENCE OF	•						interval Be Onset and 48 hou	urs
Sequentielly list conditions, lif eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in death) LAST	Gangre	ne of	AS A CONSEQUENCE OF): c of the Large and Small Bowel AS A CONSEQUENCE OF): Sclerotic Cardio-Vascular Diseas								
Todating in douting Exist	d. Arteri	oscler	otic C	ardio-Va	ascular .	Disease	е			Unknov	<i>y</i> n
PART II. Other significant condition Permanent Card	iac Pace	maker	for the				PERFOR	MED?	246.	WERE AUTOPSY FIT AVAILABLE PRIDE COMPLETION OF C OF DEATH?	TO
because of car	diac arr	hythmia	a.							1 YES 2 N	10
Terminally dev	eloped V	entricu	ular F	ibrillat	cion.						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 77 YES 2 NO	HOSPITAL:	FB/Outpetlent	3 🗆 DOA	OTHER:	LACE OF DEATH (C)						
27. MANNER OF DEATH	28a. DATE O		28b. TIME		IURY AT			JURY OCC	URED		
1XX Netural 5 Pending 2 Accident Investigation	(Morith, I	Day, Year)	JUNI		YES 2 NO		dd. DESCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could not be detarmined	28a. PLACE (building	OF INJURY — At atc. (Specify)	home, farm, e	treet, factory, offic	en .	281. LOCATIO City or R	ON (Street a own, State)	nd Number	or Rural F	Route Number,	
1 CERTIFIER (Check only one) MEDICAL EXAMINE										e) and menner as st	Inted.
96. Site Ayene Aver TITLE OF CERTIFIE	11/	1.1		0	29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)	
Herpert H	Hann	hlon	- hus	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	D 0565				ebru	ary 3,	1990
NAME AND ADDRESS OF PERSON WH Herbert H. Leight		SE OF DEATH (Oaldan	d Mass	v1 and				
1. DATE FILED (Month. Day Year)		AR'S SIGNATURE		streets	, vaktano	a, mary	yrand	, 4.	1550		
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3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

21913

Approximata Intervel Between Onset and Deeth

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 NO

23 90

DO4823

COMPLETION OF CAUSE OF DEATH?

Black

1XXVES 2 NO

8. BIRTHPLACE (State or Foreign Country)

Maryland

YEAR

USA

REG. NO

2. DATE OF DEATH

permit. Pages 1, 2, 3 should bunial-transit attending physician use as the burial-trans use page 5 pe must director, examiner by the free removal. medical the cremation. event, burial, other traumatic and inding physician a Hygiene prior to certificate 10 the death of the atten Injury, and and that any signed the law requires Shows been ft. of s certificate has be in the State Dept. 23 The Item DR ATTENDING PHYSICIAN: 6 this c marked, After death 69 DIRECTOR: / 28 Item FUNERAL I within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I

203-3146

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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31. DATE FILED (Month, Day, Year)

IAN 30 '90

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS 1 M 2 F MONTHS HOURS MIN. 222-05-7144 YRS. 19 lav 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Hospital Elkton Cecil DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Cecil Warwick 10e STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21 Rumsey Rd. 21912 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married Il yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 NO Specify 3 Widowed 4 Divorced BY COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT usa retired.) 15. DECEDENT'S EDUCATION IAL KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elamentary/Secondary (0-12) College (1-4 or 5 +) 6 yrs. Food Service for School Cook 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) William Briscoe Elizebeth Brown BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rumsey Rd. Warwick, Md. Clara Johnson (Niece) 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Burial 2 Cremation 3 Ramoval Irom State
4 Donation 5 Other (Specify) Old Bohemia Cemetery Warwick, Md. 21, SIGNATURE OF FONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fellows Funeral Home Morris 226 E. Main St. Cecilton, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disesse or condition DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, If sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL PERFORMED? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetiant 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, ferm, streel, lectory, office building, etc. (Specify) 3 Sulcide 6 Could not be detarmined COMPLETED 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAN'S SIGNATURE Julia Davidson-Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, i	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once:
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

C.

31. OATE FILEO (Month, Day, Year)

John

Seymour,

M.D.

32 REGISTRAR'S SIGNATURE
Julia Dairdson-Randosse

burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF MA		/ DEPAR						YGIENI EG. NO.	E	20	0401
1. DECEDENT'S NAME (First, Mil	ddle, Last)								2. DATE OF D	DEATH		YEAR 3.	TIME OF OEATH
Mary	Ca	therine		Bonwi.	11				Januar	BPY'S			0250A M
4. SOCIAL SECURITY NUMBER 216 54 7685		5. SEXFemale	. AGE (In yrs.	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	R 24 HRS. MIN.	7. DATE OF B (Month, Day	y, Year)		Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institu	ition, give sti	reet and number)	0,5		9b, CITY	TOWN C	R LOCATI	ION OF D		25,	904	Mary TY OF OEAT	
	Anne	's Co. Ho	spita	1 INC	100		rtown				Kent		
	b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION					10	Id. INSIDE CITY
Maryland	Kent			Che	ester								LIMITS? YES 2 NO
100, STREET AND NUMBER	Rich	ard Drive				101	2 ZIP COO	1620			US.		T COUNTRY?
11. MARITAL STATUS WILDON 1 Never Married 2 Me 3 X Wildowed 4 Divorce	rried	12. WAS OECEOENT FORCES? 1 [IF YES, GIVE WAI	YES 2			If yes, sp	ecity Cubi		NIC ORIGIN? (Span, Puerto Ricen	, atc.)	or No-	Black, W	Amarican Indian, Thite, atc.
15. OECEO (Specify only hi Elemantary/Secondary (0-12		College (1-4 or 5 +)	18e.	Give kind of life. Do NOT u	work done (ing	Boar	d Of	Educa:	catio	n
17. FATHER'S NAME (First, Middle		seph Quin	n				16. MOT		ME (First, Middle elle Lo				
19e. INFORMANT'S NAME (Type	(Print)			19b. MAILING	G ADDRESS	S (Street a	nd Numbe	or or Rural	Route Number, C	alfy or Town	, State, Zip	Code)	
Larry Lyons				Rte #	‡ 2	Box	c # :	147	Cheste	rtow	m, Me	d. 21	620
	4V XBurlet 2 Cremetter 2 Removed team State Other place						POSITION (Name of commetery, cremetory or ond Cemetery (2/2/90) Still Pond, Md						
21. SICHATUME OF JUNERAL S	ERVICE LIC	ENSEE (C)	el	ls	22.	NAME AP	O ADDRE	Wel:	P.	O. E	Box #	264	. 21620
23. PARV i. Enter the dise shock, or hear iMMEDIATE CAUSE (Final disease or condition resulting in death)	t fallure. I	list only one ceus	on each	line.	NE	the mo	de of dy	ying, suc					Approximete Interval Between Onset and Death
Sequentially list condition it any, leading to immedia ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	te		R AS A CON	SEQUENCE O									
PART II. Other algoriticant This case is La		s contributing to d		Mu c						PERFOR	MED?	Al CI	ANIABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO A EXAMINER?	IEOICAL	HOSPITAL:			ОТНЕ		ACE OF	DEATH (C/	heck only one)				
1 TES 2 NO		1 Inpatient 2			4 🗆 Nur	sing Horr		Reeldence	6 Other (Sp				
27. MANNER OF DEATH 1 Natural 5 Per 2 Accident Inv	nding estigation	28a. OATE OF II (Month, Day		28b. TIN	ME OF IJURY M	WC	PURY AT PRICE 2 [□ NO	28d. DESCRI	BE HOW IP	NJURY OCC	URED	
3 Suicide 6 Co	uld not be ermined	28e. PLACE OF building, et	INJURY — A	t home, ferm,	atreet, fact	tory, offic	•		281, LOCATIO City or To	N (Street e wn, State)	nd Number	or Rural Rou	te Number,
anal and		CIAN: To the best of m											nd manner as stated.
296. SIGNATURE AND TITLE OF	A	ween	my	2			29c. LIC	342	MBER			SIGNED (M	onth, Day, Year)
30, NAME AND ADDRESS OF P	ERSON WH	O COMPLETEO CAUSE	OF DEATH (ITEM 27) (Typ	e, Print)								

Chestertown, Md. 21620

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First		a Hope B	lackwe	11					2. DATE OF C	16-90	5	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUM		5. SEX		yrs. Inst birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					7. DATE OF B	IRTH	S. BIRTHP	LACE (State or Foreign		
	214-52-1131		42	YRS,	MONTHS	DAYS	HOURS	MIN.	10–25	/, Year)	Millingto		ington, Md	
	9e. FACILITY NAME (If not institution, give street and number)					96. CITY, TOWN OR LOCATION OF DEATH						ATH		
RESIDENCE OF DE	Union Hospital Of Cecil Count						Elkton Cecil							
Maryland							LOCATION					10d. INSIDE CITY LIMITS? 1 YES 2 AN		
10e. STREET AND NUMBER	10e. STREET AND NUMBER						10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?		
B0x			21635					USA						
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yee, specify Cuban, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify:					Specify: White			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)						DN		18b. KINI	D OF BUSI	NESS/INI	DUSTRY		
Elementery/Secondary (+)	(Give kind of work done during most of working life. Do NOT use retired.) Waitress				Twinny's Resturant			ant					
17. FATHER'S NAME (First, A					16. MOTHER'S NAM			, Maiden S	iumame)					
	son					ary	Emma B	ottor	nley					
190. INFORMANT'S NAME (Guy Blackw	M	19b. MAILING ADDRESS (Street end Number or Aural Acu Box 75 Galena, Maryla												
1 Buriel 2 D Cremett	20e. METHOD OF DISPOSITION 1 □ Burlet 2 \(\tilde{\Delta} \) Cremetton 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)											ver, Delaware		
21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE	Pords		E	ellc		uner	al Hom		216	51		
disease or condition resulting in death) a. Carcinoma of the right lungs with cerebral metastases one DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
resulting in death) LAS	ST	d												
PART II. Other algnific	ant condition	e contributing to	death but n	ot resulting	in tha u	ndarlyin	g cause	given in		YES 2	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO	
25 WAS CASE DEFENDED	TO MEDICAL					20.0	ACE OF I	SEATH ON	and and and					
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	5010 A A		OTHE	A:			neck only one)					
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	Pending	1 Inpatient 2		28b, Till	4 🗆 Nu	R: rsing Hon 28c, IN, W	URY AT	Seldence	6 Other (Sp. 28d. DESCRIE		JURY OC	CURED		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident		28e. DATE Of (Month,)	FINJURY	28b, TIR	4 - Nu	R: rsing Hon 28c. IN. WO	JURY AT DRK? YES 2 [Seldence	6 Other (Sp.	BE HOW IN			ute Number,	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be determined	1 Inpetient 2 28e. DATE Of (Month, including) 28e. PLACE of building	FINJURY Day, Year) OF INJURY — A , etc. (Specify) I my knowledge	25b, TIR IN	4 □ Num AE OF JURY M attreet, tec	R: raing Hon 28c. tN, WC 1 ttory, office	JURY AT DRK? YES 2 [NO NO	6 Other (Sp 28d. DESCRIE 281. LOCATIO City or To	N (Street at wn, State)	nd Numbe	or Rural Ro	ute Number,	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be determined TIFYING PHYSIDICAL EXAMINE	1 Inpetient 2 2se. DATE Of (Month, I) 2se. PLACE to building ICIAN: To the bast of the basic	FINJURY Day, Year) OF INJURY — A , etc. (Specify) I my knowledge	25b, TIR IN	4 □ Num AE OF JURY M attreet, tec	R: raing Hon 28c. tN, WC 1 ttory, office	JURY AT DRK? YES 2 [NO NO	6 Other (Sp 28d. DESCRIE 28f. LOCATIO City or To	N (Street at wn, State)	nd Numbe	v or Rural Ro		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEI	Pending Investigation Could not be determined TIFYING PHYSIDICAL EXAMINE	1 Inpetient 2 2se. DATE Of (Month, I) 2se. PLACE to building ICIAN: To the bast of the basic	FINJURY Day, Year) OF INJURY — A , etc. (Specify) I my knowledge	25b, TIR IN	4 □ Num AE OF JURY M attreet, tec	R: raing Hon 28c. tN, WC 1 ttory, office	JURY AT BK? YES 2 [e end place death occul	NO NO NO NO NO NO NO NO NO NO NO NO NO N	6 Other (Sp 28d. DESCRIE 28f. LOCATIO Chy or fo to the cause(e) time, date end	N (Street at wn, State)	nd Numbe	v or Rural Ro Red. the ceuse(e)	end menner ee stated. Month, Day, Year)	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEI 29b. SIGNATURE AND TITL	Pending Investigation Could not be determined OTTIFYING PHYSIONAL EXAMINE E OF CERTIFIE	28e. DATE Of (Month). 28e. PLACE of building ICIAN: To the bast of the base	FINJURY Dey, Year) OF INJURY — A , etc. (Specify) If my knowledge, examination encountry SEC OF DEATH	28b, Till IN 18 18 18 18 18 18 18 18 18 18 18 18 18	4 Num AE OF JURY M atreet, tec	R: raing Hon 28c. tN, WC 1 ttory, office	JURY AT BK? YES 2 [e end place death occul	NO NO e, and due	6 Other (Sp 28d. DESCRIE 28f. LOCATIO Chy or fo to the cause(e) time, date end	N (Street at wn, State)	nd Numbe	v or Rural Ro	end menner ee stated. Month, Day, Year)	

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Wellmon Chemahata, M.D Cenilbon, Md.

MARKET AND ASSESSMENT OF SUPPLY SERVICES

DIRECTOR

FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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IMPORTANT: 1

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medical 0 the and completely burial, cremati event, traumatic 9 phor other 10 Mental injury, signed by the shows any 10 Dept. 23 has Пеш 6 the this (marked, E HOSPITAL OR ATTENDING PRICE FUNERAL DIRECTOR: After the within 72 hours after death vortant. If item 28 is mart

DIVISION OF VITAL

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 10:30 A_A M Eugene Exxenexx YEAR THOMAS 1990 BONWILL January 23, 4. SOCIAL SECURITY NUMBER s. sexMale 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F YRS. 215 36 1656 1/28/1904 Kent Co. Md. 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Magnolia Hall Nursing Center Chestertown Kent Co RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Kent Chestertown, Md. 21620 XX YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 225 Richard Drive 21620 USA 11. MARITAL STATUS Married

1 Never Married 2XXMarried

12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 YES 2 NO Specify: Specifichite NO 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 185 KIND OF BUSINESS/INDUSTRY (Specify only higher Elamentary/Secondary (0-12) College (1-4 or 5+) Farmer Farm Owner 11 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bonwill Gertrude Eugene 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Box # 147 Chestertown, Md. 21620 Rte # 2 Larry Lyons 20a. METHOD OF DISPOSITION BURIAL 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, Stata Still Pond Cemetery Still Pond, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. Box # 264 J. Willis Wells Chestertown, Md. 21620 23. PART I. En ar the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory street, spock, or haert fellure. Liet Dnly one ceuse on eech line. Interval Between Onset and Deeth IMMEDIATE CAUSE (Final diesese pr condition Arteriosclerotic Cardiovascular Disease reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, lesding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 1 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 1 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 🔣 Nursing Home 5 □ Rasidenca 8 □ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation М 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide determined 29s. CERTIFIER

(Check only 1 (A) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurs at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D01250 -24-90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year IAN 26 '90 Robert W. Farr Chestertown, Md. 21620 32. REGISTRAR'S SIGNATURE helia Davidson-Randelle

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œ ·	L OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	execu	and
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1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH 0	AY YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	ta NMN Barro		NOER 1 YEAR IF UNDER 24 HR		0 90	9:23 M BIRTHPLACE (State or Foreign	
	220-03-4642	1 D M 2 0 F 64	YRS. MON		(Month, Day, Year)	000	Country)	
	90. FACILITY NAME (If not institution, give si		9b.	CITY, TOWN OR LOCATION OF	12-12-1 DEATH	9c. COUNTY	OF DEATH	
DIRECTOR	The Kent & Queen	Annes Hospit	al, Inc.	Chestertown		Ker	nt.	
HE HE	10a. STATE 10b. COUNTY	t	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?	
	Maryland Ken	t	Ches	tertown			1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
NE I	Satterfield Cou					US	4-1-1	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mer 1 YES 2 NO Sp	ican, Puerto Rican, atc.)		RACE — American Indien, Bleck, White, etc. Specify:	
ED BY	15. DECEDENT'S EDU	OATION I		Т			Black	
H	(Specify only highest grade	completed)	(Give kind of work of life. Do NOT use reti	lone during most of working	18b. KIND OF BU	SINESS/INDUST	RY	
COMPLET	Secondary (0-12)	College (1-4 or 5+)	Labo	r	TPOO	tory		
NO.	17. FATHER'S NAME (First, Middle, Lest)	1/			NAME (First, Middle, Maiden	-		
ш	Un	K.		Fann	ie Goulder	n		
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Ru			(e)	
2	Mrs. Mary Louis	e Lindsey	Shhool	House Apt	#1 Box 4	76 Mil	lington Md.	
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram	oval from State		N (Name of cemetery, crematory	or / _ 27 20c. LC	CATION — City		
	4 Donation 5 Other (Specify)		anes Uni			esteri	town, I'd.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	PENSEE		22. NAME AND ADDRESS OF	WALLE	Y'S FU	INERAL HOME	
	inad	~ 00 cm		207 Calver	t St.Ches	tertow	m.Md.21620	
	23. PART i. Entar tha diseasea, prosphock, or heert feilure.	complications that caused List only one ceuse on ea		nter tha moda of dying, a	such as cardiac or resp	iratory arreat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition			1 300 6	- 1	1	Onset end Death	
	resulting in deeth)	a. Cancer of DUE TO (OR AS A	of king	, bolh for	unary of h	wast	rlec	
_		CO ON AS A	CONSEQUENCE OFF	Te leme	sprease			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	in rung	gum			
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	a Cardiof	nelmon	any area	st.			
트	thet initieted events resulting in deeth) LAST	DUE TO (OR AS	CONSEQUENCE OF):	-				
H	resulting in deeth) LAST	a Derfora	tron of	Gaster !	lleer			
10	PART II. Other eignificant condition	s contributing to deeth bu	ut not resulting in th	e underlying ceuse given	In Pert I. 24s. WAS AF		24b. WERE AUTOPSY FINDINGS	
2	Supravontu	cular Taci	lescardie		PERFO	RMED?	AVAILABLE PRIDR TO COMPLETION DF CAUSE	
MED			/				DF DEATH?	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110001741		26. PLACE OF DEATH	(Check only one)			
SIC	1 VES 2 NO	1 Despital:		HER: Nursing Home 5 - Residen	ce 8 Other (Specify)			
РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED	
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO				
0	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Speci	— At home, ferm, street ffy)	, factory, offica	281. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,	
LET	290. CERTIFIER							
COMPL	anal any	ER: On the best of my knowle					suse(s) and menner se stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE			29c, LICENSE			QNED (Month, Day, Year)	
BE	11///10	11.0		02/	2/2	1 /	21/00	
5	30, NAME AND ADDRESS OF PERSON WHE LINK, WUN, 31, DATE FILED (Month, Day, Year)	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin				1 (
	KINK, WUN,	and, 266	High St,	Chesterlo	were and.	21620	9	
2	JAN A 74 90	Juna Davidson	r-Mandall					

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KRISHAN K. SINGAL,

REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Leat) ROBERT S ylvester BOSWELL, Jr. 4. SOCIAL SECURITY NUMBER 6. SEX 5. AGE (In yrs. leat birthday) 578-22-1715 12 M 2 F 66 YRS. Se. FACILITY NAME (If not institution, give street and number) NORTH ARUNDEL HOSPITAL A. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CIT LIMITS?
578-22-1715 1 M 2 F 66 YRS. MONTHS DAYS HOURS MIN. (Month, Dex. Year) 06/29/23 Mt. Rainier 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
Maryland Anne Arundel Shady Side
4902 Mariner Drive 20764 U.S.A.
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Merried 2 Midowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT OF NISPANIC ORION? (Specify Yes or No— 14. RACE — American Indi Sleok, White, etc. 1 Yes, specify Cuben, Mexicon, Puerto Rican, etc.) 1 Yes 2 NO Specify: Whi
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8 +) 12th 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Flectronic Technician Flectronics Company
12th ———— Electronic Technician Electronics Company 17. FATHER'S NAME (First, Middle, Last) Robert Sylvester Boswell, Sr. Margaret Catherine Leonard
1 185. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Catherine L. Boswell 4902 Mariner Drive, Shady Side, Maryland 2076. The FLACE OF DISPOSITION (Name of completely, cremetory or other place) Ft. Lincoln Cemetery Brontwood Maryland Brontwood Maryland
Ft. Lincoln Cemetery Brentwood, Maryland 22. NAME AND ACCORDS OF FACILITY Francis Gasch's Sons Funeral Home, PA 4739 Baltimore Ave., Hyattsville, MD 20
23. PART I. Error the disease, or complications that caused the death, Do not enter the mode of dying, such as cardiec or respiratory arrest, intervel is immediate. List only one cause on each line. IMMEDIATE C USE (Finel disease or complication as County of the control of t
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflitted events Due to (or as a consequence of):
resulting in death) LAST d.
PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. Performed? 1 Yes 2 No DF DEATH? 1 Yes 2 D
26. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one)
1 Yes 2 NO 1 Inpatient 2 ER/Outpatient 2 DOA 4 Nursing Home 6 Recidence 6 Other (Specify)
2 Suicide a Could not be determined 28s. PLACE OF INJURY — At home, farm, strest, fectory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, strest, fectory, office City or Rown, Stete)
26e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as a stated.
296. SIGNATURE AND TITLE OF CERTIFIER 1. Cu Shan h Ly M.D. 296. LICENSE NUMBER 296. LICENSE NUMBER 296. D36900 207. D47. D97. Year 207. NAME AND ADDRESS OF FERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D. 7422 BALTIMORE-ANNAPOLIS BLVD.

GLEN BURNIE, MARYLAND 210

TO BE COMPLETED BY FUNERAL DIRECTO

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF	MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIEN
	CERTIFICATE	OF DEATH	REG. NO.

REGISTRAR		CERTIFIC	ATE OI	FDEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, I		Doored			2. DATE	OF DEATH	W.	YEAR 3	TIME OF DEATH
	atherine May					1/2	8/90	5.	7-p M
20-03-3330-A	5. SEX 6. AGE		NTHS DAYS		(Mont	OF BIRTH th, Day, Year)		Country)	ACE (State or Foreign O Maryland
e. FACILITY NAME (If not institution,		9		OR LOCATION OF DI				TY OF DEA	гн
Southern Mi	Hosp ctr.		din	toN				Pg	
DESIDENCE OF DECEDEN		10c CITY 1	TOWN OR LOC	ATION				7	d. INSIDE CITY
	cince George's			ol Height	S				LIMITS?
00. STREET AND NUMBER			1	101. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
	l Heights Blvd	•		20743			U.	S.A.	
MARITAL STATUS Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPE IF YES, GIVE WAR OR	3 2 XNO	If yes,	ECENDENT OF HISPAI specify Cuban, Maxica ES 2 XNO Specif	in, Puarto			14. RACE — Bleck, V Specify: Cauca	- American Indian, Vhite, atc.
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DECEDENT'S US	k done during r	TION most of working	161	. KIND OF BUS	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	etired.)						
6th	N/A	Sales P	erson		Ar	ndrews	AFB 1	PX	
'. FATHER'S NAME (First, Middle, Las	0			16. MOTHER'S NA	ME (First,	Middle, Malden	Surname)		
John Chaney				Nett:	ie I	Parker			
a. INFORMANT'S NAME (Type/Print)		196. MAILING AI	ODRESS (Stree	t and Number or Rural	Route Num	ber, City or Town	n, State, Zip	Code)	
Conley M. H	Beard	Same a	s 10 A	\ −F					
Da. METHOD OF DISPOSITION X Burtal 2 Cremation 3	Barrayal Area Cast	Ob. PLACE OF DISPOSITI	ON (Name of c	cometery, crematory or		20c. LO	CATION — C	ity or Town	, Stata
☐ Donation 5 ☐ Other (Specify)	Namovai from State	Cedar Hill	Cemet	ery		Sui	itland	Mar	yland
SIGNATURE OF FUNERAL SERVICE	E LICENSU			AND ADDRESS OF FA		Lee Fr	ınera	l Hom	e, Inc. on, Md 20
Sequentially list conditions, famy, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c.	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	i C	andie VAT	rve	r De	ese N	e	
PART II. Other algnificant cond	ditilons contributing to death	but not reaulting in	the underly	ing cause givan in	Part i.	24a. WAS AN			ERE AUTOPSY FINDINGS
						PERFOR		0	MALABLE PRIOR TO OMPLETION DF CAUSE F DEATH?
5. WAS CASE REFERRED TO MEDIC	AL		26.	PLACE OF DEATH (C)	heck only o	ne)			
EXAMINER?	HOSPITAL:		THER:	ome 5 🗆 Residence	6 T Oth	er (Specify)			
7. MANNER OF DEATH 1 Netural 5 Pending Investige	28a. DATE OF INJURY (Month, Day, Year	28b. TIME (OF 28c. I	NJURY AT NORK? YES 2 NO		SCRIBE HOW I	NJURY OCC	URED	
3 Suicide 6 Could no 4 Homicide determin	28e. PLACE OF INJUI	RY — At home, farm, streedly)	et, factory, of	fice	28f. LOC City	CATION (Street in or Town, State)	and Number	or Rural Rou	te Number,
ana)	PHYSICIAN: To the best of my know.								nd manner ea stated.
96. SIGNATURE AND TITLE OF CER Lineary Wilest	Synn			29c. LICENSE NU	2		>	SIGNED (A	fonth, Day, Year) 9/90
O. NAME AND ADDRESS OF PERSO	MO 955	6 CRAIN		uppe	r m	melbo	re i	40-	20772
FEB 0 2 90	32. REGISTRAR'S SK	-Randall							



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王	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: Hiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an cours after death. Page 6 may be retained by the hospital or	9	e	2

	FOR 1 - STATE		STATE DF N							MENTAL	HYGIEN		U	04383
	REGISTRAR 1. DECEDENT'S NAME (First	t Mickella I not)			EHIIF	ICATE	OF	DEA	IH	La pare a	REG. NO			0 TWO OF 05 1711
1	GENERALLEE BULLOCK									MONTH DAY YEAR			3.25PM M	
	4. SOCIAL SECURITY NUM	3175	5. SEX	6. AGE (In yrs. I	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF (Month)	Day, Year)	,1901	Countr	IPLACE (State or Foreign y) IORTH CAR
5	90. FACILITY NAME (# not # PRINCE GEOF			ENTER		9ь. сіту, СНі	TOWN C		ON OF DE	EATH		9c. COUN	TY OF D	
1	RESIDENCE OF DE				1									
200	MD.	PR	INCE GEO	ORGES		PITA		IEIG	HTS					10d. INSIDE CITY LIMITS? YES 2 NO
Bunk	700 MI	ENTOR	AVE.				101	. ZIP COD	2074	43		10g. CITIZ	EN OF V	WHAT COUNTRY?
DI LUMEN	11. MARITAL STATUS 1 Never Merried 2 XX Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2X	ARMED NO	11	yes, sp		n, Mexica	NC ORIGIN? n, Puerto Ri		or No-	14. RACE Bleck Speci	- American Indian, K, White, etc.
בובח	15. DEC (Specify on Elementary/Secondary (CEDENT'S EDU ly highest grade 0-12)	College (1-4 or 5 -		(Give kind of lie. Do NOT u		uring mo		ng	16b. I		SINESS/INDU		
	4+h				bτ	umme	r				PI	OMME	, K	
BE COMPL	17. FATHER'S NAME (First, A WILLIAM		OCK					_	HER'S NA	ME (First, Mi		Sumame)		
2	19a. INFORMANT'S NAME (JOSEPHINI		KSON							ROUTE Number, City or Town, State, Zip Code) APITAL HEIGHTS, MD.				MD.
	20a METHOD OF DISPOSIT		noval from State	20b. PLAC other	LACE OF DISPOSITION (Name of cometery, cremetory or the place)					20c. LOCATION — City or Town, State SUITLAND, MD			wn, State	
	21. SIGNATURE OF FUHER	AL SERVICE LI	Vill			22. N	IAME AI	ND ADDRE		RAI				F.S. EET N.W.
HICALION	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentisity list condi if sny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS	tions, odiate //iNG	b. DUE TO	OR AS A CONS	SEQUENCE (Cu	be	(-	فد در					interval Between
E MEDICAL CE	PART II. Other signitic	ent condition	7	death but no		in the uni			given in	Part i.		RMED?	241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF E	DEATH (Ch	neck only one)			
in in	1 YES 2		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		10 5 A	esidence	6 Other	(Specify)			
BY PHY		Pending Investigation	28a. DATE OF (Month, D		28b. Til	ME OF JURY M	WC	JURY AT ORK? YES 2 [NO	28d. DES	CRIBE HOW	INJURY OCC	CURED	
	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE C building,	F INJURY — At etc. (Specify)	home, farm,	street, facto	ory, offic	ie .		28f. LOCA City o	TION (Street r Town, State	and Number	or Rural	Route Number,
COMPLEIED	Control Only		BICIAN: To the best of a											a) and manner se stated.
0 0 0	29b. SIGNATURE AND TITL	E OF CERTIFIE	ER Pet					29c. LIC	ENSE NU	MBER 724	13	29d DATE	I 13	7782
-	30. NAME AND ADDRESS O	OF PERSON W	HO COMPLETED CAU	SE OF DEATH (I	TEM 27) (Typ		21	1	Gr	cents	elf	~ 0	20	120
	31. DATE FILED (Month, Day	· 160r)	32. REGISTRA	AB'S SIGNATURE	andelle			(

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL OR ATTE	AL DIRECTO	if Item 28
TO THE HOSPIT	TO THE FUNER	IMPORTANT:

31. DATE FILED (Mpnth, Day, Year) 90

1. DECEDENT'S NAME TEIST, MICHIEL LEST)	E.	1-1-0	1	BA	u			2. DATE OF DEATH MONTH FEB	7,	1990	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217–22–8390	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/30/2	28	Countr	PLACE (State or Foreign y) ginia			
9e. FACILITY NAME (If not institution, give st	treet and number)	61		9b. CITY	TOWN (OR LOCATIO	ON OF DE		-	INTY OF D	
913 BARNETTE	LANE			7	100	EDE	EN				FORD
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c CIT	Y, TOWN C	OR LOCAT	TION					10d. INSIDE CITY
Maryland Ha	arford			berde							LIMITS?
10e. STREET AND NUMBER					101	. ZIP CODI					VHAT COUNTRY?
913 Barnette I	Lane					2100	01		U.	S.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	NT EVER IN U.S. A 1 X YES 2 WAR OR DATES VALUE IN INC.	NO		If yes, sp		n, Maxica	NC ORIGIN? (Specify Yan, Puerto Ricen, etc.)	e or No—		American Indian, t, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade			DECEDENT'S	work done			19	16b, KIND OF BU	ISINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ile. Do NOT u	,	T			U.S. (Ovet		
12	0	EL	ectri	caı	ngı	Y					
17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maider	Surname)		
Gordon Dav	id Ball							ie Bell			
19a. INFORMANT'S NAME (Type/Print)								Route Number, City or Tox			
orothy E. Ball			913	Barne	ette	Lan	е	Aberdeer	ı, Md	. 2	1001
209. METHOD OF DISPOSITION 14 Burlat 2 Cremation 3 Rem 4 Donation	ovel from State	20b. PLAC other Be1	e of DISPO	Memo	me of cel	netery, cren L Gar	dens	20c, L(Bel A		wn, State Maryland
21. SIGNATURE OF THE SERVICE LIKE 23. PART I. Enter the dieseses, or of	Power	at caused the	death Do		Abe	rdee	n, M	go Funeral	21001	-339	. A .
shock, or heert feilure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ca	use on each iid	to 1	neze		1		1 0	رحرد م		Interval Betwo
Sequentially list conditione, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO	O (OR AS A CONS	Leavence of	erie	He	les	- 5.	loene			
PART ii. Other significent condition	e contributing to	deeth but no	t resulting	in the ur	nderlyin	g ceuee	given in	Offeria	RMED?	241	AMILABLE PRIOR TO COMPLETION OF CALOF DEATH?
25. WAS CASE REFERRED TO MEDICAL					24 D	ACE OF F	FATH (C)				
EXAMINER?	HOSPITAL:			OTHE	R:	1 100		neck only one)			
1 VES 2 NO		☐ ER/Outpatient	-				esidence	6 Other (Specify)	44.44.		
1. Natural 5 Pending	28a. DATE C (Month,	Day, Year)	28b. Til	ME OF JURY	W	JURY AT	7 40	28d. DEŞCRIBE HOW	INJURY O	CURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At J, etc. (Specify)	home, farm,	street, fac		YES 2[_ NO	281. LOCATION (Street City or Town, State	and Numb	er or Aural	Route Number,
29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of	of my knowledge,	death occur					to the cause(s) and m			N. 174
(Check only one) 2 MEDICAL EXAMINE	R: On the besis of	examination and/o	or investigati	ion, In my	opinion,	death occu	red at the	time, data and place, a	ind due to	the cause(a) and manner as state

32. REGISTRAR'S SIGNATURE
Guna Davidson-Randall

Company of the compan	s after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detache	fical examiner must be notified at once.	TO BE OT
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x irous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached anythin 29 hours after death with the State Deep of Health and Mental Molete order to brind, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMBLETED BY BUYSICIAN: MEDICAL CERTIFICATION

WILLIAM ROBINS,

JAN 3 1 '90

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, La	ef)	CI	ERIII	ICATE O	F DE	ATH	T 2 2/2	REG. NO.				NEATH.	
	MAMTE	01)	BROWN	T				MON	TH D		YEAR	3. TIME OF E	DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ins		IF UNDER 1 YEA	R IFUR	IDER 24 HRS.	7. DAT	E OF BIRTH		90	1PLACE (State	or Formian	
	218-34-3262	1 M 2 JF	84	YRS.	MONTHS DAY	8 HOUR	RS MIN.		11th, Day, Year)		Count	ry)	or reneigh	
	9a. FACILITY NAME (If not institution, gir	· ·	1 01		9b. CITY, TOW	N OR LOC	ATION OF D		-20-19	9c. COUNT		ginia		
DIRECTOR	SALISBURY NURSIN	NG HOME			SALIS	BURY	MARY	LANI	D	WIC	OMI	co		
EC.	10a, STATE 10b, COU	NTY		10c. CITY, TOWN OR LOCATION								10d. INSIDE	CITY	
	Maryland Wi	comico	omico			101. ZIP C	ODE			10a. CITIZI	EN OF 1	1 YES 2	1/4	
RA	802 East Road	7				21801								
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDE FORCES?	12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORN If yes, specify Cuban, Maxican, Puart 1 YES 2 0 Specify:				uario Rican, atc.) Bia			CE — American Indian, ack, Whita, atc. ecity:	
								-				Blac	k	
COMPLETED	15, DECEDENT'S E (Specify only highest gr	(G	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do NOT use retired.)					56, KIND OF BUS	SINESS/INDU	STRY				
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	+)											
MO	17. FATHER'S NAME (First, Middle, Lest)				H01	ISEW!		ME (First	, Middle, Malden	None				
ECC	James Smith					10. 10								
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stre	et and Nur			Colling mber, City or Tow		Coole)			
2	Alexander B	rown							Maryle		207	7.2.3		
			20b. PLACE	OF OISPO				,,,,						
	20a METHOO OF DISPOSITION 1 Lauriel 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) Springhill Memory Garden 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other piece) Springhill Memory Garden 20c. LOCATION - City or Town, State Hebron, Maryland													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ### ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY Clinton F. Stewart—West Road, Salisbury, M. Approximate ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final													
CERTIFICATION														
E	that initiated events resulting in desth) LAST													
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO												SY FINDINGS RIOR TO DF CAUSE	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				24	PLACE	OF DEATH (C	hack onto	onel					
S	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	2 [] DO4	OTHER:									
PHYS	27. MANNER OF DEATH			-	4 W Nursing			_	escribe How I	NJURY OCCI	IRED			
ВУ Р	1 Natural 6 Pending 2 Accident Investigation	(Month,	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF UNDURY 28c. INJURY AT WORK? 1 YES 2 NO								,,,,,			
ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 26f. LOCATION (Street and Number or Rural Recommendation of the building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Recommendation of the building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Recommendation of the building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Street and Number or Rural Recommendation of the building) 26f. LOCATION (Stre										Route Number,			
COMPLE	onel	IYSICIAN: To the best of										e) and manner	as stated.	
ш	296. SIGNATURE AND TITLE OF CERTS	HET .				29c.	LICENSE NU	MBER	. 0	29d. DATE	SIGNE	(Month, Day, 1	thar)	
TO B	N/V/C	au) 2 1	9 3	49		1/3	30/90	1	
F	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	USE OF DEATH /ITE	M 27) /7/0	Printl						1	/		

M.D., 1104 Healthway Dr., Salisbury, Md.

DHMH-16 Ray 1/89

21801

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	1)		BROW		OF	DEAT	H	2. OATE	OF DEATH		YEAR 3	. TIME OF DEA
	VIRGINIA			0 10	N IV				01	2		S	1435
	4. SOCIAL SECURITY NUMBER 242-18-9666		6. AGE (In yrs. Is	7 YRS.	IF UNDER 1	DAYS	IF UNDER	MIN.	MAY	Day, Year)	122 1	Country)	Tryulle 7
- SH	9a. FACILITY NAME (If not institution, given PENINSULA GENER		CAL			JISB	URY	ON OF DE	EATH /		9c. COUNT	OMIC	
ECTOF	RESIDENCE OF DECEDENT 10a, STATE 10b, COUP	ITY		10c, CIT	Y, TOWN OI	R LOCAT	ION					1	0d. INSIDE CIT
DIR		RCEST	ter	P	BER	Li	V					1	LIMITS?
FUNERAL	16. STREET AND NUMBER	H AH	Flowe	rst		101	ZIP COD	811				SA	AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Swidowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES	2 NO If yes, specify Cuban, Maxica 1 YES 2 NO Specify					an, Puerto Rican, atc.)			Black, \ Specify:	American Inc White, atc.
ETED	15. DECEDENT'S EC (Specify only highest gra	ide completed)	0	16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					16b.	KIND OF BU	SINESS/INDUS	STRY	
COMPLE	HIGH SCHOOL	College (1-4 or 5	DOMES			1				HOUSE	WIFE		
ш	17. FATHER'S NAME (First, Middle, Last) LEMUEL	٧				18. MOT	HER'S NA		TELLA	POLLA	RD		
TO B	19a. INFORMANT'S NAME (Type/Print) LILLIAN WORTHIN	1	96. MAILING	ADDRESS 202	(Street a	nd Number	N, N	Route Numb	er, City or Tow 21811	n, State, Zip C	ode)		
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetlon 3 Re 4 Donation 5 Other (Specify)	20b. PLACE other	E OF DISPO	SITION (Nan	me of cen	_				RLIN,		n, State	
	21, SIGNATURE OF FUNERAL SERVICE	LICENSEE Jolles	22. NAME AND ADDRESS OF FA					ORIAL CHAPEL X 920., SALISBURY, MD.					
	23. PART i. Enter the disasses, o	at caused the d	teath. Do	not entar		da of dy	ing. auc	h as card	SAL.	ISBURY	, MU		
ERTIFICATION	23. PART I. Enter the disasses, on shock, or heart failur immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infitated events resulting in death) LAST	a. List only one ca a. DUE TO DUE TO C.	at caused the diuse on each lin	EQUENCE O	et m	the mo		BUX ing, auc	92Ua h as card	s SAL,	I SBURY stress	g PID	Approximatel
N: MEDICAL CERTIFICATION	shock, or heart failur IMMEDIATE CAUSE (Final disease Dr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or injury that initiated events	a. List only one ca a. Due To b. Due To c. OUE To d.	OUÂC A O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI	EQUENCE O	et en fre	the mo	1214	ing, auc	h as card	lisc or rasp	AUTOPSY RMED?	24b. W	Approximate Approx
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHOTO TO THE FUNERAL DIRECTOR: After the filed within 72 hours after death will mPORTANT: If item 28 is mark

BY

BE COMPLETED

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	ther this certificate has been signed by the attending physician and completely filled in by the funeral din	emoval.	marked or flem 23 shows any injury, or other traumatic event, the medical examiner in
	lled in	n, or re	e med
	nd completely fi	earth with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	tic event. th
	physician al	ne prior to	her traums
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	FOR 1 a STATE	STATE OF I	MARYLAND /						MENTAL H	YGIENE		90	04387
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) THEODORE	14 3		RELSI	FORD	OF	DEAT	ГН	2. OATE OF I		. 19	YEAR 90	3. TIME OF DEATH 10:30A M
	4. SOCIAL SECURITY NUMBER 213-24-6479	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR DAYS	IF UNCER	24 HRS. MIN.	March 15, 1929			8. BIRTH	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give Memorial Hospital RESIDENCE OF DECEDENT	street and number)			96. CITY,		n LOCATIO	ON OF DE	EATH		Sc. COUN	lega	
L DIRECTOR	Maryland Mi	neral			yser							10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	Rt. 2 Box 118	IT EVER IN U.S. AF	101. ZIP CODE 1.3. WAS DECEMBENT OF HISPANIC ORIGIN? (1)				NC ORIGIN? (S		US	SA	- American Indian,		
ВУ	1 Naver Married 2 Marriad 3 Wildowed 4 Divorced 15. DECEDENT'S EDU	IF YES, GIVE V				YES	2 X NO					Speci	
COMPLETED	(Specify only highest grad		(G	Machinists DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Machinists Mack Truc									
1	17. FATHER'S NAME (First, Middle, Last) Edgar John Brel	sford					Bla	nche	ME (First, Middle Estel	la Wh	nitad		
NO BE	Dawn M. Brelsfor	d		Rt.	. 2 B	ox 1	144	Hage	Route Number, C	, Mar	ylar	nd 2	
6	1 X Buriel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)		Res	t Hav	22. NAME AND ADDRESS OF FACILITY					Hage	ersto	own,	Maryland
	23 PART I Enter the diseases or	complications the	MCh	eth Do	F	erald N. Minnich 305 N. Potomac Streemeral Home Hagerstown, Maryland							
	23. FART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arm shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO	OR AS A CONSE	QUENCE C	on:								
MEDICAL C													AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28a. DATE O	ER/Outpetlant :	28b. TII		R: sing Hom 28c. INJ	• 5 🗆 R		8 Other (Sp		JURY OC	CURED	

(Month, Day, Year) 1 YES 2 NO 1 Natural

5 Pending Investigation М 2 Accident
3 Suicide

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town State) 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, deta end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beels of axe

296. SIGNATURE AND TITLE OF CERTIFIER 90 3548

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21502 Mark Sagin. Memorial Hospital Cumberland, Md.

JAN 31 '90 Lulia Tavidson Pandace

DHMH-16 Ray 1/89

3. TIME OF GEATH

YEAR

1. DECEDENT'S NAME (First, Middle, Last)

2. OATE OF DEATH MONTH

BILLMAN

LYNN

DI

FUNERAL within 72 h

HE BE 2 2 3

6:20 pm # 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday, IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or 7. DATE OF BIRTH Day. 10 DAYS 1 M 2 D F 219-21-9352 YRS. 9 9a. FACILITY NAME (If not institution, gi 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH hings Maryland DIRECTOR Dashington tagersto RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Washington Maryland Big Spring 1 TES 2 NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? Route # 1 Box 55 21722 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ₩ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. FUNCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puarto Rican, atc.)

1 YES 2 NO Specify: 1 X Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INOUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Jeffrey Billman Rhonda Sue Lynn Zellers BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Route # 1 Box 55, Big Spring, Md. Sheena M. Zellers 200. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State 1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Mt Zion Cemetery Quincy, Franklin Co., Pa. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Andrew K. Coffman Funeral Home, Inc. 40 E. Antietam St., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. Approximate intervel Between **Onset and Deeth IMMEDIATE CAUSE (Final** disease or condition_ modeite resulting in death) DUE TO JOR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentieily ilet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIDE TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO **PHYSICIAN:** 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1/Qinpetient 2 - ER/Outpetient 3 - DOA OTHER 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Metural 1 YES 2 NO BY Accident 28a. PLACE OF INJURY — At home, farm, atreat, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cruse(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CHILL 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 319 E. Antietam St., Hagerstown, Md. 21740 Albert J. Strauss Jr. ith, Day, Year FEB 2 32. DEGISTRAR'S SIGNATURE Julia Davidson-Randall

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAN			ENTIFIC	CATE	IF DEA	П	REG. NO.			
1. OECEDENT'S NAME (First, Middle, Li	Eston	Leroy		BEAN			2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DEATH DATE OF DAT		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER 1 YEA	_		7. DATE OF BIRTH		6. BIRTHP	LACE (State or Foreign
220-09-7612	1233M 2 F	6	9 YRS. "	ONTHS DAY	's HOURS	MIN.	April 20,	1920	Mar.	vland
9a. FACILITY NAME (If not institution, g	ive street and number)	L		9b. CITY. TOV	N OR LOCATI	ON OF DE			TY OF DE	J
Route 4	,				rstown					
RESIDENCE OF DECEDENT		-		nage	ISCOWI	1		was	hing	con
10a. STATE 10b. COI			10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY
Maryland	Washingt	on	17.							LIMITS? 1 YES 2/12 NO
10e. STREET AND NUMBER	wasniingt	.011	П	agerst	10f. ZIP COD	E		100 CITI		HAT COUNTRY?
Route 4, Box	150			- 0						NAI COUNTRY?
						1740			S.A.	
11. MARITAL STATUS 1 Naver Married 2XX Married 3 Divorced		NT EVER IN U.S. A I YES 2 X MAR OR DATES		If yes		n, Mexice	NIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.) y:	or No—	14. RACE Black, Specify	- American Indian, White, atc. White
15, DECEDENT'S	EDUCATION	18a. D	ECEDENT'S U	SUAL OCCUP	ATION		16b. KIND OF BUS	SINESS/IND	USTRY	
(Specify only highest g Elementery/Secondary (0-12)	College (1-4 or 5	(1)	Give kind of wo	ork done during retired.)	most of work	ng				
0-6	Conlege (I-4 of 5		labore	er			bread	Co		
17. FATHER'S NAME (First, Middle, Lest	1				40 44/00	HED O NA	ME (First, Middle, Maiden			
Archie		Bean			16. MUI					
								owers		
19a. INFORMANT'S NAME (Type/Print)		1					Route Number, City or Town			
Mrs. Gladys Be	an		Route	e 4, B	ox 158	3, Ha	agerstown,	Mary	land	21740
20a METHOD OF DISPOSITION F Buriel 2 Cremetion 3 0		20b. PLACE	OF DISPOSI	TION (Name o	cemetery, cre-	matory or	20c. LO	CATION -	City or Tow	rn, State
4 Donation 5 Other (Specify)	Hemoval from State	_ Ceda	r Lawr	n Memo	rial H	ark	Hag	erst	own.	Maryland
21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE			_	E AND ADDRE					RAL HOME
		. 6	7							
Scott	Men	near		415	East W	lilso	on Blvd., H	lager	stown	n. MD 21740
Sequentially list conditions, if any, leading to immediate	ъ	O (OR AS A CONS								- C year
cause. Enter UNDERLYING	G.									
CAUSE (Diseese or Injury that Initiated evants	DUE TO	OR AS A CONS	EOUENCE OF)	:						
resulting in death) LAST	4									
	-									
PART II. Other algolificant cond	itione contributing to	deeth but not	resulting in	the under	lying cause	given in	Part i. 24s. WAS AN PERFOF	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							-11			1 YES 2 ND
							Hall In the			
25. WAS CASE REFERRED TO MEDICA				2	6. PLACE OF	DEATH (C)	neck only one)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient		OTHER:	Home 5 0 5	anklenna	6 Other (Specify)			
27. MANNER OF DEATH	28a, DATE O		28b. TIME		INJURY AT	WRIGHTCE	28d. DESCRIBE HOW I	NJURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigat	(Month,	Day, Year)	INJU	JRY	WORK?	□ NO	230. DECOMBE NOW I	JOHT OCI	OUNED	
3 Suicide 6 Could no determine	t De building	OF INJURY — At I	nome, ferm, st	reet, factory,	office		261. LOCATION (Street City or Town, State)		or Rural R	oute Number,
29a. CERTIFIER	HYSICIAN: To the best of	of my knowledge.	death occurred	d at the time.	date and place	a, and du	to the cause(a) and ma	nner as stat	ted.	
onel							11me, data and place, ar			and manner as stated
1 1				,						
PON BIGHNATURE AND TITER OF CERT	Lest	nN	W)		29c. LIC	97	55	29d, OAT	e SIGNED	(Mpnth, Day, Year)
SO, WAME AND ADDRESS OF PERSON	8 Kenh	USE OF DEATH (IT	EM 27) (Type	Print)	ersto	wh	mo	2	174	10
31. DATE FILED (Month, Pay, Year)	1 1. 1	AR'S SIGNATURE					1			
, 20	Julia Da	undson-A	ndell.							

hed for use as the bunial-transit permit. Pages 1, 2, 3 should spital or attending physician.

TO BE COMPLETED BY FUNERAL DIRECTOR

MARTITAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 may be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, nours after death. Page 6 may

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at one

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

IMPORTANT; If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FRANK

31. DATE FILED (Month, Day, Year)

PERETTI, MD

32. REGISTRAR'S SIGNATURE ulia Davidson

DECEDENT'S NAME (First, Middle, Last) MAR	GARET	M	1.	E	BROW	7			of DEATH 23-90	NY 1	VEAD	1:45AM	
4. SOCIAL SECURITY NUMBER 579 22 8138	5. SEX 1 M 2 F	6. AGE (In yrs.	. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	12/2	OF BIRTH h, Day, Year)		Wash	.D.C.	
9a. FACILITY NAME (If not institution, give 15107 Interlech						Spr.	on of DE	EATH		9c. COUNT Mont		ry Co.	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland Mon 10a. STREET AND NUMBER	tgomery		Silver Spring 10c. CITY, TOWN OR LOCATION Silver Spring 10f. ZIP CODE				E			10a. CITIZE	1	INSIDE CITY LIMITS? YES 2 NO	
15107 Interlach	15107 Interlachen Drive					20906				-	USA		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced								or No— 14	Black, W Specify:	American Indian, white, atc.			
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 1/12	+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Housewife					16b	. KIND OF BUS	SINESS/INDUS	STRY			
17. FATHER'S NAME (First, Middle, Leet) Timothy O'Brien				41					Middle, Maiden Conne				
19a. INFORMANT'S NAME (Type/Print) William Price			19b. MAILING ADDRESS (Street and Number or Rural Route Num 5223 Glen Meadow Road Ce						ute Number, City or Town, State, Zip Code)				
20a. METHOD OF DISPOSITION 1 Description Description	moval from Stata	Gate of heaven							20c. LOCATION — City or Town, Stata Silver Spring, Md.				
21. SIGNATURE OF FUNERAL SERVICE A	Eld	nex	,	22. F	NAME AI	ND ADDRE		i Fur	neral l			N	
23. PART I. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	. List only one ca		iine.	not enter	the mo						it,	Approximate interval Between Onset end Des	
resulting in death)			OR AS A CONSEQUENCE OF): OSCIErotic cardiovascular diseas						ise				
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A COM	NSEQUENCE C)F):									
CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	OR AS A CON	ISEOUENCE C	OF):	-								
PART II. Other significant condition	death but n	ot reaulting	in the u	nderiyin	g ceuse	given in		24e. WAS AN AUTOPSY PERFORMED?		Al Cr	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
m l						HEAD (NLY	X	YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	nt 3 🗆 DOA	OTHE	R:			8 - Oth							
27. MANNER OF DEATH XX Netuzal 5 Pending	(Month, Day, Year) INJURY WORK?								SCRIBE HOW I	NJURY OCCU	RED		
2 Accident Investigation	2 Accident 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete)										te Number,		
3 Suicide 8 Could not b	bunung												
3 Suicide 8 Could not b	SICIAN: To the best of											nd manner as stated	

111 Penn Street, Baltimore, MD 21201

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cal examiner must be notified at once.	IMPORTANT: II Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
HOVA).	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as
ifter death. Page 6 may be retained by the hospital or attend	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend

ST	ATE	0F	MA	RYL.	AND	1	DEPARTM	ENT	0F	HEALTH	AND	ħ	MENTAL	HYGI	ENE
					C	E	RTIFIC	ATE	0	F DEAT	ГН			REG.	NO.
						_						_			

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG.	NO.				
	1. DECEOENT'S NAME (First, Middle, List)	· W S Pa	ttie C.	Bowen		2. OATE OF DEATH	DAY G	YEAR P	3. TIME OF DEATH 2159 M		
	4. SOCIAL SECURITY NUMBER 237-26-1824	1	(In yrs. last birthday)	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	(r)	Count	APLACE (State or Foreign or) Ch Carolina		
OR	and half the control that a few productions are the	treet and number) ADVEN 715	Hosp	TARRENT	A PAR	ATH -/C		WIG-	vnásy		
DIRECTOR	100. STATE 10b. COUNTY			TOWN OR LOCAT					10d. INSIDE CITY LIMITS?		
	Maryland Mont	tgomery	51.	lver Spr	ZIP COOE		10g. Cr	TIZEN OF V	1 TYES 2 X NO		
FUNERAL	8833 Arliss Stree					20901			States		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEOENT EVER FORCES? 1 YES	S 2 X NO	ti yea, sp		en, Puerto Ricen, etc.)			E — American Indian, k, Whita, etc. //y: Black		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life Do NOT use	ork done during ma	ON st of working		BUSINESS/IN	OUSTRY			
MPI	Unknown		House	keeper			estic				
	17. FATHER'S NAME (First, Middle, Last) Unavailable				Unavai	ME (First, Middle, Ma	iden Sumame)				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or	Town, State, 2	Zip Code)			
2	Adelina San Migue	el	8833	Arliss S	Street,	Silver S	pring	, MD	20901		
	20a. METHOD OF DISPOSITION 1 Duriel 2 Commetted 3 Rem	noval from State	ob. PLACE OF OISPOS other place)				LOCATION -				
	4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LI		uburban C		ND ADDRESS OF FA		lver S	Sprir	ng, Maryland		
	Delen	W. Rape	P	Rapp	Funeral	Services			MD 20910		
CERTIFICATION	23. PART I. Enter the diseases, or complications the caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximately list condition and the cause of the caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximately list condition and the cause of line. Due to (or as a consequence of):										
PHYSICIAN: MEDICAL C	PART II. Other significent condition	ANEMIL	1	-	ALLU R	1 U VI	S AN AUTOPS' REFORMED?	Y 24	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	neck only one)					
rsic	EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residenca	8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	r) 28b. TIMI	URY W	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE H	OW INJURY O	CCURED			
	3 Suicide 8 Could not be 4 Homicide determined	ber or Rural	Route Number,								
COMPLETED	one)	SICIAN: To the best of my kn ER: On the basis of examina							(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	e ~	10		D GO	171	•	DI	(Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON W	KAP, M.N	7610	C 1	RPOCL	AYE	+230	kon	APARK		
	JAN 2.6 90	32. REGISTRAR'S SI	MANURE Parda	02				la, 7	20912		

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 is he flad within 25 hours after death with the State Dent of Health and Mental Hotelee prior to burial cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be no
OSP	UNE	ANT
부	中山	H
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			CERTIF	CATE OF	DEATH	_	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Jean B	Blair			2. DATE OF D MONTH Januar	у 23, 19	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8	IRTH	6. BIRTI	HPLACE (State or Foreign try) York
-	90. FACILITY NAME (If not institution, give str Tara Retirement (96. CITY, TOWN O			9c. COL	owar	
DINECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CITY	, TOWN OR LOCATI					10d. INSIDE CITY
	New York	New York	Nev	y York	ZIP CODE		10g, CI1	TIZEN OF 1	1 X YES 2 NO
LONEHAL	90 Gold Street, #					10038	Un	ited	States
	11. MARITAL STATUS 1 X Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	If yes, spe	ENDENT OF HISPA Holfy Cuban, Mexico 2 1 NO Speci	en, Puerto Ricen		Spec Whi	
COMPLEIED	15. DECEDENT'S EDUC (Specify only highest grade: Elementary/Secondary (0-12)		(Give kind of v	USUAL OCCUPATIO rork done during mos e retired.)	N st of working		of business/in	DUSTRY	
	12 17. FATHER'S NAME (First, Middle, Last) Philip Blair		Secre	tary	18. MOTHER'S NA	AME (First, Middle	e, Maiden Surname)	CILLY	
200	190. INFORMANT'S NAME (Type/Print) Elaine N. Blume			ADDRESS (Street or McKinley					C 20015
i	20e. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremetion 3 □ Remo	oval from State	ob. PLACE OF DISPOS Other place) Suburban	Tremator	netery, crematory or		20c. LOCATION - Silver S		own, State ng, Marylan
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSFF		1					
	> Ellen y	4. Ray	20	Rapp		Servic	es, P. A lver Spr		MD 20910
	23. PART I. Enter the diseeses, proshock, prheert failure. I	complications that cause in List only one cause on		Rapp 933 G pot enter the mod	Funeral ist Aver de of dying, su	Servic nue, Si	lver Spr	ing,	Approximate Interval Between
ENITIONION	shock, pr heert fallure. I IMMEDIATE CAUSE (Finel diseese pr condition	DUE TO (OR AS	etic me	Rapp 933 G int enter the mod	Funeral ist Aver de of dying, su	Servic nue, Si	lver Spr	ing,	Approximate Interval Betwee Onset and Deer
EDICAL CERTIFICATION	shock, pr heert failure. I IMMEDIATE CAUSE (Finel disease pr condition reculting in deeth) Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Dieese pr injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	Rapp 933 G int enter the mod	Funeral ist Aver de of dying, suc	Servic nue, Si ch as cardlec	lver Spr	ring,	Approximate Interval Betwee Onset and Deel 2 7 7 5
MEDICAL	shock, pr heert failure. If IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inliteted events resulting in deeth) LAST PART II. Other eignificent condition	DUE TO (OR AS	A CONSEQUENCE OF	Rapp 933 G pot enter the mod	Funeral ist Aver de of dying, suc	Servicenue, Sinch as cardled	Iver Spr pr respiratory e	ring,	Approximate Interval Betwee Onset and Deet 2 7 7 5
MEDICAL	shock, pr heert failure. If IMMEDIATE CAUSE (Finel disease pr condition resulting in deeth) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF A CONS	Rapp 933 G pot enter the mod 7: 7: 7: 7: 7: 7: 7: 8. PL OTHER: 4 N Nursing Hom	Funeral ist Aver de of dying, suc	Servicenue, Sinch as cardled	Dr respiratory e	ring,	Approximate Interval Betwee Onset and Deel 2 7 7 5
PHYSICIAN: MEDICAL	shock, pr heert failure. I IMMEDIATE CAUSE (Finel disease pr condition reculting in deeth) Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in deeth) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	eech line. A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF Duty and the consequence of the consequence o	Rapp 933 G pot enter the mod Potential to the second seco	Funeral ist Aver de of dying, suc g cause given in ACE OF DEATH (Co.	Servicenue, Sinch as cardlec	Dr respiratory e	ring,	Approximate Interval Betwee Onset and Deet 2 7 7 5
MEDICAL	shock, pr heert failure. I IMMEDIATE CAUSE (Finel disease pr condition reculting in deeth) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in deeth) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONS	Rapp 933 G pot enter the mod Potential the modern services of the services of	Funeral ist Aver de of dying, suc g cause given in ACE OF DEATH (C) THE STATE (PK)	Servic nue, Si ch as cardlec 1 Part I. 24s 1 [heck only one) 2 Bd. DESCRII	Dr respiratory e	ring, rest,	Approximate Interval Betwee Onset and Deet 2 7 7 5

861 Park Avenue Baltimore, MD

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31. DATE FILED (Month, Day, Year)

JAN 26 '90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached fit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR	STATE OF MAI	RYLAND / DEPARTI	MENT OF HEALTH A	NO MENTA	I HYGIENE	90	04393
1 - STATE REGISTRAR	011112 01 11111		ATE OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lust) MYRTLE L	Myrtle Lou	ise Bralove		2. DATE MONT	of DEATH Jan DAY 23	YEAR 90 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6.		F UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE	OF BIRTH	8. BIRTHPL	ACE (State or Foreign
579-54-8738 Se. FACILITY NAME (If not institution, give	44	90 YRS.		Oct	th. Day. Year)	Balt	timore, MD
Lanham Doctor's			Lanham	OF DEATH		unty of deat Ince Ge	eorge's
10a. STATE 10b. COUN	Y	10c. CITY,	TOWN OR LOCATION			10	d. INSIDE CITY
		Wash	ington, D.C.			4	LIMITS? YES 2 NO
100. STREET AND NUMBER			10f. ZIP CODE		109. CI	TIZEN OF WHA	
2800 Quebec St	12. WAS DECEDENT EN	/ED IN II C ADMED	2000		NO 40	U.S.A.	
1 Never Married 2 Married 3 St Widowed 4 Diverced	FORCES? 1 IF YES, GIVE WAR	YES 2 NO OR DATES	If yes, specify Cuban,	Mexican, Puarlo		Black, W Specify	American Indian, Thite, atc.
15. DECEDENT'S ED	JCATION In complete (1)	16a. DECEDENT'S US		168	b. KIND OF BUSINESS/IN		VIIICO
Elementary/Secondary (0-12)	Collage (1-4 or 5+)	ille. Do NOT use	k done during most of working etired.)				
12		Homema			Own Home		
17. FATHER'S NAME (First, Middle, Last)					Middle, Maiden Surneme)		
Charles Jacobs 190. INFORMANT'S NAME (Type/Print)	Baublitz			a Volle			
			DORESS (Street end Number or			lip Code)	
Kathleen A. Mat			Hanover Pkwy		nbelt, MD	20770	
20g METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Red 4 Donation 5 Other (Specify)	novel from State	other place)					
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Arlington	National Cer		Arling	ton, I	(A
1 hn - 1 (, N/2 (Joseph Gar	wler's	Sons, Inc.	,	
Mula	Ch- he	Loon			ve. NW. Wash		
23. PART 1. Enter the diseases, or shock, or heert feliure IMMEDIATE CAUSE (Final disease or condition	Acute re	spiratory f	ailure			rrest,	Approximate intervei Batweer Onset and Desti
resulting in death)	· HEUSE	RESPIRA	TURY FA	ILURE			10445
	1 2016	CARCINO M	Lung carcin	oma			As and Di
Sequentially list conditions,	41	AS A CONSEQUENCE OF):	177				M34 117
If any, leading to immediata couse. Enter UNDERLYING							
CAUSE (Disease or Injury that initiated evente	DUE TO (OR	AS A CONSEQUENCE OF):			Market 10 10 10 10 10 10 10 10 10 10 10 10 10		
resulting in death) LAST	d						
PART II. Other eignificent condition	one contributing to de	ath but not resulting in	the underlying cause gly	en in Part I	24a. WAS AN AUTOPS	V 245 W	ERE AUTOPSY FINDINGS
					PERFORMED?	AN	MILABLE PRIOR TO OMPLETION OF CAUSE
					1 TYES 3 DINO		F DEATH?
						1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	1		26. PLACE OF DEA	TH (Check only o	ope)		
EXAMINER?	OSPITAL:		OTHER:				
27. MANNER OF DEATH	28e. DATE OF INJ	IURY 28b. TIME	OF 28c. INJURY AT	-	SCRIBE HOW INJURY O	CCURED	
1 Pending	(Month, Day,	Year) INJUI	M 1 YES 2	NO			
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IN	JURY — At home, farm, str	eet, factory, offica	28f. LO	CATION (Street and Numb	er or Rural Rou	te Number,
4 Homicide determined	building, atc.	(apacity)		C/h	or Town, State)		
29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my	knowledge, death occurred	at the time, date and place, a	and due to the ca	ruse(a) and menner as a	tated.	
000)			In my opinion, death occured				nd menner as stated.
296. SIGNATURE AND TITUE OF CERTURE				SE NUMBER			tym, Dec Year)
1 6/hl. V.	122		0	2271	20 M	/23/	90
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, F	rint)			- / !	
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32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within proving after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremativn. 6: removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	STATE OF	/ DEPARTMEN				MENTAL	HYGIENE	
		CERTIFICAT	E OF	DEAT	H		REG. NO.	
:23						2 DATE O	E DEATH	-

1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN					
1. DECEDENT'S NAME (First, Middle, L Leonas M,	Burke				2. DATE OF DEATH MONTH	~20-9	3, TIME OF DEATH 2247 PN INTERPLACE (State or Foreign			
4. SOCIAL SECURITY NUMBER 007-30-5143	(Morth, Dev. Year)									
	VENTIST HOSPIT	AL	TAKOMA				GOMERY			
MARYLAND 106. CO			, town or loca OLUMBIA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
8953 FOOTED RID	GE		10	r. ZIP CODE	10g. CITIZEN	10g. CITIZEN OF WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 YES GIVE WAR OR DATES				NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:	e or No— 14.				
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		Ille. Do NOT usa	vork done during ma a retired.}	ON OST OF WORKING		OF INTE				
17. FATHER'S NAME (First, Middle, Les WILLIAM EDWIN	° CHURCH	ADMINIST	IRATIVE		AME (First, Middle, Maider		KIOK			
190. INFORMANT'S NAME (Type/Print) SHERRI THOMPSO	(/				Route Number, City or Too		21045			
20s. METHOD OF DISPOSITION 1										
· Bry	22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 209									
IMMEDIATE CAUSE (Final disease or condition resulting in death)	disease or condition Tinture of over the home of 12/1									
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury 4 flux									
resulting in death) LAST	Corolly posterior									
PANTIR. Other arginicant control	ations contributing to destri	but not resulting t	in the underlyir	ng ceuse given in		PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 10 Inpatient 2 ER/Outpetient 3 DOA 4 Numino Home 5 Residence 6 Other (Specify)										
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investige	28a, DATE OF INJURY (Month, Day, Year)	2					OW INJURY OCCURED			
3 Suicide 8 Could no	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town State)									
A committee of the comm	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner as stated.									
29b. SIGNATURE AND TITLE OF CER	ford wh			29c. LICENSE NUMBER 0 1 1 3 2 29d. DATE SIONED (Month, Day, Year) 1 - 20 - 90						
SO NAME AND ADDRESS OF PERSON		12 5 70	Print) Pros	petit	y Dr J	silve	+ Spring hi			
31. DATE FILED (Month, Day, Year)	26 '90 REGISTRAR'S SIG	NATURE Juildan	Mondell							

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within is mount after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATN												
	Harry John Beech							January 22, 1990 9:45 A M					
	4. SOCIAL SECURITY NUMBER 5. SEX					IF UNDER 24 HR		DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign		
	578-44-3885 1XXM 2 □ F			8.4	4 YRS. MONTHS DAYS HOURS MIN			. I	January 8,			New York	
	9e. FACILITY NAME (If not institution, give street end number)					9b. CITY	r, TOWN	OR LOCATION OF	F OEATH		9c. COU	NTY OF D	
DIRECTOR	the second second second second second	8505 Old Georgetown Road Bethesda					nesda	Montgomery				mery	
REC	ton. STATE	10b. COUNT	ГҮ		toc. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?
	Maryland Montgomery Betheso									1 YES 2 X NO			
3AL	104. STREET AND NUMBER 101. ZIP CODE								10g. CITI	ZEN OF V	VHAT COUNTRY?		
FUNERAL	8505 Old Georgetown Road				20814							States	
F	11. MARITAL STATUS 1 Never Merried 2 X Merried 12. WAS DECEDENT EVER IN FORCES? 1 X YES								PANIC C	RIGIN? (Specify Yes	or No-	14. RACE Black	- American Indian, k, White, atc.
B≺	3 Widowed 4 Dive		IF YES, GIVE W					ectfy:		9	Speci		
ED	15. DEC	CEDENT'S EDI	UCATION WW		CEDENT'S	USUAL O	CCUPATI	ÓN	-	16b, KIND OF BUS	SINESS/IND		hite
ETE	(Specify on Elementery/Secondery (ly highest grad	e completed) College (1-4 or 5	(G	ive kind of Do NOT u	work done se retired.)	during me	est of working		100, 1010 01 00	SH4E33/H4D	OOINI	
COMPLET	Elementer y/Seconder y (0-12)	5+	•)		enti	a+					055	
OM	17. FATNER'S NAME (First, A	Aiddle, Last)				Jen C1	SL	18. MOTNER'S	NAME (First, Middle, Maiden	Sumame	OFF	lce
	John	Beech							T	Emma Conk	lin		
BE	19e. INFORMANT'S NAME (19	b. MAILING	ADDRES	S (Street	and Number or Ru		Number, City or Tow		Code)	
5	Molli	e G.	Beech		2505	01a	Geor	getown	Roa	ad Rethes	a La	Marro	land 20814
	20e. METNOD OF DISPOSIT			20b. PLACE	OF DISPO			metery, cremetory			CATION -		
	4 Donation 5 Other		movel from State	- Mont		rv Ci	rema	torium	Inc	. Be	thesd	la Ma	aryland
	21. BIGHATURE OF FUNDIN	AL SETTICE L	CENSEE							hrey Fun	oral	Home	1
	1 Daniel	T	Kank	£ MO:	0335	j	Seth	esda-Ch	evy	Chase,	Inc.	7557	Wisconsin
	23. PART I. Enter the c	lineases, or	complications the	t caused the de	ath. Do	not antai	r tha mo	ds of dying,	such as	cardiac or respi	ratory arr	eat.	Approximate
	IMMEDIATE CAUSE (Final disease or condition												
	resulting in death)	→		piratory									
-	Cancer of the Lung												
9	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF):												
S	cause. Entar UNDERLY CAUSE (Disease or Inju	ING	C-										
	that initiated events		DUE TO	(OR AS A CONSE	OUENCE C	F):							
E	resulting in death) LAS	esulting in death) LAST											
MEDICAL CERTIFICATION	PART II. Other significa	ant conditio	ns contributing to	death but not r	resulting	In the u	ndariyin	a csusa alvan	In Par	t I. 24s. WAS AN	AUTOPSY	240	. WERE AUTOPSY FINDINGS
CA			_							PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
G										1 TYES 2	XXNO		OF DEATH?
	-												1 YES 2 NO
AN	25. WAS CASE REFERRED 1	TO MEDICAL					28 P	LACE OF DEATN	(Chack)	not non)			
200	EXAMINER?		HOSPITAL:	ER/Outpetient 3	[] pos	OTHE	R:						
PHYSICIAN:	27. MANNER OF DEATN		28e. DATE OF	INJURY	28b. TIR			ne 5 K Residen	-	d. DESCRIBE HOW	NJURY OC	CURED	
		Pending Investigation	(Month, E	Day, Year)	IN	JURY M		ORK? YES 2 NO					
) BY	2 Accident 3 Suicide	Could not be	28e. PLACE C	F INJURY — At ho	ome, farm,	street, fac	tory, offic	:0	28	LOCATION (Street		or Rural	Route Number,
ETED	4 Nomicide	determined	bunding,	etc. (Specify)						City or Town, State)			
2	290. CERTIFIER 1 X CER	TIFYING PNYS	SICIAN: To the best of	my knowledge, de	eth occur	red at the	time date	end place and	due to a	he cause(e) and me	nner en etel	had	
COMPL	Check only (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and menner es stated.												
	AN AVAILABLE AND VIDE OF COMMISSION												
BE	Raines of 9	1 1.1	le/ h1	9				D266					(Month, Day, Year)
2	30. NAME AND ADDRESS O	OF PERSON W	NO COMPLETED CAU	SE OF DEATN (ITE	M 27) (Type	e, Print)			9 /		L Ja	inua	ry 23,1990
	C. C. Annual Control							Oh	63		0000		
	31. DATE FILED (Month, Day,			AR'S SIGNATURE	cons	III A	ve.,	Cnevy	Cha	se. MD.	2081		
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR; After this certificate has been signed
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within who within the death. Page 6 may be retained by the hospital or attending physician	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	ANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be positified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 7:25 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 24. Year) M 2 - F YRS. 07 577-14-0985 NEW Se. FACILITY NAME (If not institution, gir 96. CITY TOWN OR LOCATION OF BEATH 9c. COUNTY OF DEATH DIRECTOR HESIDENCE OF DECEMENT 100. STATE 10b. COUNTY 10c. CITY, TOWN OF LOCATION 10d. INSIDE CITY 6 6 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE WHAT COUNTRY Apt. 20 91 1212 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO. W. W. 2 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married If yes, specify Cuben, Mexicen, Puerto Riceri, etc.)

1 YES 2 NO Specify: WHITE BY 3 Widowed 4 Divorced 60 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use refired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY H Elementery/Secondary (0-12) College (1-4 or 6+) COMPL 12 YRS ENGINEER ILS COUT 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) CARL JULIA BE BREGMAN EZRIN 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JANICE MELNICK (daughter) 3203 WOODHOLLOW DR. CHEVY CHASE MD. 20815 20e. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Nam 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) KING DAVID MEM GDN FALLS CHURCH VA 21. SIGHATURE OF FUHERAY SERVICE LICENSEE 22. MDANZANSRY GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PK. ROCKVILLE MD. 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart feliure. List only one cause on each line. **Approximate** Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel Condi disease or condition arres resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO MEDICAL COMPLETION DF CAUSE OF DEATH? 1 TYES 2 X ND 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 X NO N ER/Outpatient 3 DOA 1 Inpatient 2 ng Home 6 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 84 1 YES 2 NO BY 2 Accident Investigation 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis tion end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end menner se atated. 29b, SIGNATURE AND TITLE OF CERTIFICE 29d. DATE SIONED (Month, Day, Year) BE 0 ma

32. REGISTRAR'S SIGNATURE

was Daydson

Marchall

15+1 31. DATE FILED (Month, Day, Year)

after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS. P.O. BOX 13146.

PSICIAN: The law requires that the death certificate be executed within 2.7 nours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages \$\frac{1}{2}\$; 3 should with the State Dent, or Health and Mental Hygiene prior to burlal, cremation, or removal.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Debt, of Health and Mental Hyglene prior to burial, cremation, or removal.	

	1. DECEDENT'S NAME (First, Middle, Last)							2. DA	TE OF DEATH	IV.	YEAR	3. TIM	E OF DEATH
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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER 1	-	IF UNDER 24 HF	8. 7. DAT	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLACE (State or Fo		(State or Foreign
1000	003-18-2453	1 - M 2 - F	62	YRS.	MONTHS 1	DAYS	HOURS MI			927			Hampshi
1 0	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, T	OWN OF	LOCATION O			9c. COU	NTY OF		
DIRECTOR	128 Hutton Stre		Ga	ithe	ersbur	g		M.	lonts	gome	ry		
E S	10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR	LOCATIO	ON						NSIDE CITY
ā	Maryland Mor	ntgomery			Gaith	erst	ourg						YES 2 NO
AL	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CIT	IZEN OF	WHAT C	OUNTRY?
띮	128 Hutton Stre	eet					20877			Uni	ted	Sta	tes
FUNERAL	11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S. A	RMED			NDENT OF HIS		GIN? (Specify Yee	or No-	14. RAC Blac	E Am	ericen Indien,
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COMPL	12			Hom	emake	r				Home			
TO BE COM	17. FATHER'S NAME (First, Middle, Last)								t, Middle, Maiden				
BE	Roland Shanah	nan						_	e Shack	-			
2	19e. INFORMANT'S NAME (Type/Print)								imber, City or Tow				
e l	Ronald J. Bou	irgea	_						ersburg				20877
ISPE	20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremetion 3 Ren 4 Domation 5 Other (Specify)	noval from State	other p	lace)	tan C		etery, crematory	or		cation – exand			rginia
Jer	21. SIGNATURE OF FUNDRAL SERVICE L	ICENSEE						F FACILITY	DeVol F				
Injury, or other traumatic event, the medical examiner must be AL CERTIFICATION	> toul of the	doan				10	0 East	Deer	Park D , Maryl	rive	208		
	23. PART i. Enter the diseases, or	complications th			not enter ti						reet,	17	Approximate
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	CAUSE (Diseese or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE O	F):								
ER E	resulting in death) LAST	d											
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	TAIT II. Other significant condition	ine continuating to	J Geetii Dat Hot	reculting	in the time	arrying	couse give	i iii rart t.	PERFOR	RMED?	24	AVAILA	ABLE PRIOR TO
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2 2												1 🗆 1	YES 2 NO
N N													
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1	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE	OF INJURY — At h	ome, farm,	street, factor	y, offica		26f. L	OCATION (Street	end Numbe	er or Rural	Route N	lumber,
2 2	4 Homicide 6 Could not be determined	building	, elc. (Specify)					0	ity or Town, State)				
의 님	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	of my knowledge, d	eath occum	ed at the tim	e, date :	and place, and	due to the	cause(e) end me	nner ee st	nted.		
COM	one) 2 MEDICAL EXAMIN											(e) end n	menner ee stated.
C	29b. SIGNATURE AND TITLE OF CERTIFIE	ER A	7//	2			29c. LICENSE	NUMBER		29d. DA	TE SIGNE	D (Month	n, Day, Year)
O BE COME	Zemt	nh	Illy,	m	0		03	286	5	•	1/2	116	90
≝ 0	30 NAME AND ADDRESS OF PERSON W	- / / /		111	-		1)-	30	~		-	-	1

Z MEDICAL EXAMINEN: On the beele of examination end/or investigation, in my opinion, o	death occured at the time, date end place, er	id due to the cause(e) and manner se state
29b. SIGNATURE AND TITLE OF CERTIFIER A A A A A A A A A A A A A	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

DATE Ell ED (Month Dog Mont	20 050103	DADIO CICALATII	DE.				7	-		_
Vanith V	milly,	mo	18111	Plince	Philip	01.	MRY	wo	5025	アン
NAME AND ADDRESS OF PERSO	ON WHO COMPLETED C	AUSE OF DEATH	(ITEM 27) (Type, Prin	1)	1			1		

JAN 25 '90

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	0.			
1. DECEDENT'S NAME (First, Middle, Las	et)				2. DATE OF DEATH	DAY V	3. TIME OF DEATH		
Bertha	Ellen Empie	Boylan			January	25, 19	6:10 A _M		
4. SOCIAL SECURITY NUMBER 341 44 2943	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 6,		BIRTHPLACE (State or Foreign Country) Kansas		
90. FACILITY NAME (If not institution, gives 15 Orchard Way S			96. CITY, TOWN OF ROCKY	r LOCATION OF DE	EATH		y of DEATH tgomery		
RESIDENCE OF DECEDENT 100. STATE 10b. COU			TOWN OR LOCATE				10d. INSIDE CITY LIMITS?		
Maryland Mo	ntgomery	R	ockville				1 X YES 2 NO		
15 Orchard Way S RESIDENCE OF DECEDENT 10e. STATE 10e. COUI Maryland Mo 10e. STREET AND NUMBER 15 Orchard Way 11. MARITAL STATUS	South			ZIP CODE			n of what country? ced States		
3 🖾 Widowed 4 🗌 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR I	2 🔀 NO	If yes, epe		NIC ORIGIN? (Specify in, Puerto Ricen, etc.) y:	Yes or No— 14	RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S E (Specify only highest grant processes of the specify only highest grant processes of the specify only highest grant processes of the specific processes of th	College (1-4 or 5+)	Ille. Do NOT use	ork done during mos retired.)		166. KIND OF E	BUSINESS/INDUS	TRY		
12 17. FATHER'S NAME (First, Middle, Last)	2	Homem	aker	18 MOTHER'S NA	ME (First, Middle, Maid				
Benjamin Fr	anklin Empie				Elizabe		esler		
19a. INFORMANT'S NAME (Type/Print) Betty Ellen Bro	wn				Route Number, City or 1		vland 20854		
204, METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT				LOCATION - CH			
1 & Burlet 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State	Memorial	Park Cer	metery		Skokie,	Illinois		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	м00689	Home/]	Rockvill	e, Inc. 3	100 West	mphrey Funeral Montgomery 0850-2805		
23. PART In the disesses, of hock, or heart fallur	or complications that cause te. List only one cause on	ed the death. Do no each line.	ot anter the mod	is of dying, suc	h as cardiac or res	spiretory arres	t, Approximata interval Batween Onsat and Death		
disesse or condition cardio-respiratory failure									
	The state of the s	a consequence of iosclero		art dis	sease		20 yrs		
Sequantisity list conditions, if any, landing to immediate cause. Enter UNDERLYING		a consequence of)	:				2 days		
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PART II. Other significant condit	ions contributing to death	but not resulting in	the undarlying	causa given in	PERF	AN AUTOPSY FORMED? 2 X NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			20 DI	ACE OF DEATH (C)					
EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	8 Other (Specify)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 12 YES 2 NO 27. MANNER OF DEATH 1 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJU	JRY AT	26d. DESCRIBE HO	W INJURY OCCU	RED		
2 Accident Investigation 3 Suicide 6 Could not 1 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Sp	IY — At home, farm, at ecity)			281. LOCATION (Stre City or Town, Str		Rural Route Number,		
29e, CERTIFIER									
E anni	YSICIAN: To the best of my kno INER: On the beele of examinati								
SAM SHOWN TOUR WHO TILT OF CENTR	FIER			29c. LICENSE NUI	MBER	29d. DATE S	BIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON	my			D 1315	56	Janu	uary 26,1990		
John M. Wyman, M		folk Aven		hesda, M	aryland 2	0814			
31. DATE FILED (Mornth, Day 1647)	32. REGISTRAR'S BIG	NATURE .							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

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TOTAL THE STANDAR (Place Mode), Last of Department (Place Section of Section S	RAL		~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
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Separation Sep	ш	ODIEL DUP	RE2			MARIA	DE	SANS	100		
20. MATCH OF GREDATION (Name of camelar, camelary or order proof) 20. PLACE OF GREDATION (Name of camelar, camelary or order proof) 20. PLACE OF GREDATION (Name of camelar, camelary or order proof) 21. SIGNATURE OF PURRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 2091 23. FART I. Enter the diseases, or complications that dised the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Fined ideases or condition) BREAST CAN CER with widespread metals and provide the death of the death			100 - 0 0 10	-			-			-	.617
Burtal 2 Premieron 3 Removal from State Suburban Crematory Subur	-						1367				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE College		1 Burial 2 Cremetion 3 F	Removal from State	other plece)							
23. PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24. PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 25. PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 26. PLACE OF OEATH (Check only one) 27. MANNER OF OEATH 28. OTHERS 28. OTHE			E LICENSEE	Davar vall	22. NAME A	ND ADDRESS OF F				, 4174	,
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CMRUN farvey MD D13595 1/29/9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print) CAROL W. GARVEY MD, 11510 old Georgetown Rd, Rockville, Md 2085Z	PLETED BY PHYSICIAN: MEDICAL CERTIFICATI	shock, or heart fellu iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigate 3 Suicide 8 Could not datermine 29e. CERTIFIER (Check only 1 CERTIFYING P.	BREAST DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE	CANC S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): The but not resulting in the but not resulting in	the underlyin 26. P THER: Nursing Hor Nu	ist Avenuade of dying, audition of dying, audition with wind and cause given in the second of the se	Pert I. 2 of the cause to the	24e. WAS AN PERFOI 1 YES 2	Spring iratory arrest Weld I AUTOPSY RMED? END INJURY OCCUPANT	24b.	Approxima interval Be Onset end S I Z GR
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	THE MOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Pr	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral isled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	1. DECEDENT'S NAME (First, Middle, Last	9							2. DATE C	F DEATH	v	YEAR	3. TIME OF DE
	EDNA C.	BRANT							Feb	5,	199		10:15
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTHP	LACE (State or
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If Item 28 Is marked, MPLETED BY PH	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	YSICIAN: To the best o											and manner es
If Item 28 Is marked, MPLETED BY PH	2 Accident 3 Suicide 6 Could not b 4 Homicide determined 29a. CERTIFIER (Check only)	YSICIAN: To the best of (INER: On the beste of (/or investigat	lon, in my o	pinion, d	29c. LIC	red at the	time, date		nd due to the	e cause(s)	and manner ea
TANT: If Item 28 is marked, COMPLETED BY PH	2 Accident 3 Suicide 4 Homicida 29a. CERTIFIER (Check only) 0rie) 2 MEDICAL EXAMI	YSICIAN: To the best of (INER: On the beste of (examination end.	/or investigat		pinion, d	29c. LIC	red at the	time, date		29d. DATE	e cause(s)	

3. TIME OF DEATN

BALTIMORE, MARYLAND 21203-3146

BOX 13146,

P.0.

VITAL RECORDS,

OF

DIVISION ATTENDING

The

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

notified pe examiner medicai the event. traumatic other 0 any Shows 23 item certificate to the State 0 marked, this After 1 death

2. DATE OF DEATH
MONTH
February 8, 1990 8:00 P. M Buser Ralph Merle SR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F DAYS HOURS YRS. 214-07-0570 19 1900 FEB 9C. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN DIRECTOR Allegany Cumberland Hospital & Medical Center 10c. CITY, TOWN OR LOCATION 10a STATE 10d. INSIDE CITY MARYLAND ALLEGANY OLDTOWN 1 YES 2X NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE RFD#1 BOX# 330 TOWN CREEK ROAD 21555 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yan or No-14. RACE -- American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 X NO Specify: Specify WHITE BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) FARMER/CONTRACTOR FARMING 17. FATNER'S NAME (First, Middle, Last)
JOHN WILLIAM BUSER 18. MOTHER'S NAME (First, Middle, Malden Surname) DELCIE BOGGS BE 19a. INFORMANT'S NAME (Type/Pri 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 DONALD F. BUSER RFD# 1 BOX# 330 TOWN CREEK ROAD OLDTOWN MARYLAND 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20a_METNOD OF DISPOSITION
1 Deliver 2 Cremation 3 Removal from State 20c. LOCATION -- City or Town, State HILLCREST BURIAL PARK CUMBERLAND MARYLAND 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SILCOX-MERRITT FUNERAL HOME 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate Interval Batween IMMEDIATE CAUSE (Final disease or condition Nahor DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO opetiant 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27 MANNER OF DEATH 28b. TIME OF INJURY 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) OR ATTENDI DIRECTOR. A hours after o item 28 is 50 8 Could not be determined CD 4 Nomicida H 29e. CERTIFIER

IChack only

1 CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, data end place, and due to the ceuse(e) end manner as stated. COMPL HOSPITAL FUNERAL WITHIN 72 I The state of the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner ea stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Dev. Year) BE

Dr. R. Barrera, Memorial Hospital Medical Building, Cumberland, MD 21502

D14865

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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12m

B 0 9 199U

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Onsat and Dasth

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Rafae1

A.

31. DATE FILED (Month, Day, Year) FEB 05 '90

Mathews,

	REGISTRAR 1. OECEDENT'S HAME (First, Middle, Last)		CENTIF	ICATE OF DEAT	REG.		1.	, TIME OF OEAT
		n - 1 1			MONTH	DAY	YEAR	
	Floy Miller		iE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER	Feb. 24 HRS. 7. OATE OF BIRTH		1990	3:30 ACE (State or Fo
		1 M 2 D 5	vne	MONTHS DAYS HOURS	MIN. (Month, Day, Yea	1)	Country)	
	191-18-0926 9a. FACILITY NAME (If not institution, give str	X	103	9b. CITY, TOWN OR LOCATION			Penns	sylvania
œ						96, COUR	ITY OF DEA	un
5	3946 Rickover Roa	d		Silver Sprin	g	Mon	tgome	ery
DIRECTOR	10a. STATE 10b. COUHTY		10c. CIT	Y, TOWN OR LOCATION			1	Od. IHSIOE CITY
D.	Maryland Monte	omery	Sil	ver Spring			1	LIMITS?
AL	10e. STREET AHO HUMBER	VIIICE Y.		101, ZIP CODI		10g. CITIZ	EN OF WH	AT COUHTRY?
ER	3946 Rickover Roa	d		2090	2	IISA		
FUNER	11. MARITAL STATUS	12. WAS OECEDEHT EVE		13. WAS DECEMOENT O	F HISPAHIC ORIGIN? (Specify	Yea or Ho—	14. RACE -	- American India
	1 Never Married 2 Married	FORCES? 1 YE		If yes, specify Cuba	n, Maxican, Puerto Rican, atc. Specify:)	Specify:	White, atc.
ВУ	3 Widowed 4 Divorced						WHIT	
ETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATION work done during most of working	18b. KIHD OF	BUSINESS/IHDI	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT us	se retired.)				
AP.	12		Homema	ker				
COMPL	17. FATHER'S HAME (First, Middle, Last)				HER'S NAME (First, Middle, Ma		0.00	
ш	Kirk Miller KIR	MORSE MIL	LER	Ade	daide Decker	ADELAI	DE WA	ARD DECI
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street and Number	or Rural Route Number, City or	Town, State, Zip	Code)	
2	Romayne B. Perrit	te	3946 R	Rickover Road	Silver Snr	ing M	2rv12	nd 2000
	20a. METHOD OF DISPOSITION		20b. PLACE OF OISPO	SITIOH (Name of cemetery, cren		LOCATION - C		
	1 Burial 2 Cremation 3 Rame 4 Oonation 5 Other (Specify)	oval from State	Lawn Crof	t Cemeterv	T.f	nwood	Penn	svlvani
	21. SIGNATUR OF FUHERAL SERVICE LIC	ENGLE	20112	22. NAME AHO ADORE	SS OF FACILITY			
	Names &	1 h 20			Collins Fun			
-		WVP.			sity Blvd. W			
	23. PART i. Enter the diseases, or of the state of the st			not anter the moda of dy	ing, such as cardiac or n	espiratory srr	nst,	Approxima
	IMMEDIATE CAUSE (Finsi	DNIII	MANIA	, 1) 7	TIVA DA.	-110	/	Onset and
	diseeee pr condition resulting in death)	PAZUI	ONIA	AUT.	MYVICIT	1000		4Xh
		DUE TO (OR A	S A CONSEQUENCE O	10	/			10.10
Z	Sequentially list conditions,	. KENT	TL T	MILLIKE				ONE 9
	If sny, leading to immediate	OUE TO (OR A	S A COHSEQUENCE O	17 = 1 A	THEDICA	LEK	VOCI.	
TIO		THIVE	1217 4	4E1) (1)	11/2/0000	2016	071	>
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RTIFICATI	CAUSE (Disease or injury that initiated events resulting in death) LAST	a. HY	PER	TENS	DIVER IN PArt I. 24a, WA	S AH AUTOPSY	24b. V	VERE AUTOPSY FI
L CERTIFICATI	CAUSE (Disease or injury that initiated events	a. HY	PER	TENS	PE	RFORMEO?	1	WAILABLE PRIOR
L CERTIFICATI	CAUSE (Disease or injury that initiated events resulting in death) LAST	a. HY	PER	TENS	PE		1	
ERTIFICATI	CAUSE (Disease or injury that initiated events resulting in death) LAST	a. HY	PER	TENS	PE	RFORMEO?	6	WAILABLE PRIOR
: MEDICAL CERTIFICATI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition	a. HY	PER	In the underlying cause	1 TYE	RFORMEO?	6	WAILABLE PRIOR COMPLETION OF C OF DEATH?
ICIAN: MEDICAL CERTIFICATI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER?	a contributing to deet	PT//	In the underlying cause	PE	RFORMEO?	6	WAILABLE PRIOR COMPLETION OF C OF DEATH?
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ETED BY PHYSICIAN: MEDICAL CERTIFICATI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMIMER? 1	a contributing to deet HOSPITAL: 1 inpetiant 2 ER/O 28a. DATE OF INJUI (Month, Day, Yea 28a. PLACE OF IHJI building, etc. (3)	Dutpatient 3 DOA Poutpatient 3 DOA Rever 25b. Tile IN. URY At home, farm, powledge, death occurrence.	28. PLACE OF COTHER: 4 Hursing Home 5 R. WORK? 1 YES 2 street, factory, office	#EATH (Check only one) Raidenca S Other (Specify) 28d. DESCRIBE H HO 28f. LOCATIOH (St. City or Town, St. City or To	DW IHJURY OCC	or Aural Ro	WAILABLE PRIOR COMPLETION OF C F DEATHY I YES 2 I Ute Number and manner as 8

M.D. 13018 Georgia Avenue Silver Spring, Maryland 20906
32. REGISTRAR'S SIGNATURE
Julia Double Condett.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MARY REGISTRAR		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Iga+1) NORMAN E.	BUDESH		2. DATE OF DEATH MONTH DAY 02 - 05 -	YEAR 0045 A M
-	4. SOCIAL SECURITY NUMBER 5. SEX 5.78-05-2423 1 XM 2 F 9a. FACILITY NAME (If not institution, give street and number)	8 / YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF DI	7. DATE OF BIRTH (Month Day, Year) 7/22/08	6. BIRTHPLACE (State or Foreign Country) WASHINGTON, DC
5	WASHINGTON ADVENTIST HOSPI		TAKOMA PAR		MONTGOMERY
DINEC	10a. STATE 10b. COUNTY MARYLAND MONTGOMERY		OWN OR LOCATION ILVER SPRING		10d. INSIDE CITY LIMITS? 1 YES 2 NO
EMAL.	100. STREET AND NUMBER 8408 11th AVENUE		10f. ZIP CODE 20903	10g. (USA
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 Y IF YES, GIVE WAR OI	S 2 XNO	13. WAS DECENDENT OF HISPAI If yea, specify Cuban, Maxics 1 YES 2 NO Specif		
MPLEIEU	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +) 5+	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel ACCOUNTA	done during most of working ired.)	166. KIND OF BUSINESS	
50	17. FATHER'S NAME (First, Middle, Last) HARRY BUDESHEIM		16. MOTHER'S NA	ME (First, Middle, Maiden Surnam	9)
O BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	DRESS (Street and Number or Rural		Zip Code)
	ANNIE M. BUDESHEIM 20s. METHOD OF DISPOSITION		lth AVENUE, SI		
	1 N Burial 2 Cremation 3 Removal from State	other place)	N (Name of cometery, crematory or HINGTON CEMETE		— City or Town, Stata I. MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENS		FRANCIS J. CO	LLINS FUNERAL	
CERTIFICATION	It any, leading to immediate cause. Enter UNDERLYING	a sach line. Mico Wyc s a consequence op): MS tive	Heart 6		errest, Approximate interval Between Onset and Death Digent Cycs (MACL)
MEDICAL	PART II. Other algnificant conditions contributing to deet	n but not resulting in th	na underlying cause givan in	Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	AMAILABLE PRIOR TO
SICIAN:	25. WAS CASE REFERRED DICAL EXAMINER?		26. PLACE OF DEATH (CI	neck only one)	
PHTS	1 YES 1 1 Inputiant 2 - ERV.	Sutpatient 3 DOA 4	Nursing Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW INJURY	OCCUPED
2	1 Netural 5 Pending (Month, Day, Yes			200. DESCRIBE NOW INSOM	OCCURED
IED		JRY — At home, farm, stree Specify)	t, factory, offica	281. LOCATION (Street and Num City or Town, State)	nber or Rural Routa Number,
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamin				
O BE C	29b. SIGNATURE AND UTLE OF CERTIFIER	. 0 -	29C YCENSENU	0921 29d.	DATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Prin	" Secons	Avenue, S	ilver spring

32. REGISTRAR'S SIGNATURE
FUNE PRINTED TO TO THE PRINTED TO THE PR

31. DATE FILED (Morith, Day, Year)
FEB 05 90

FOR STATE REGISTRAR

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			Elizabeth							Jan	uary	21,1	990	6:10
	4. SOCIAL SECURITY		5. SEX	6. AGE (In yrs. I		IF UNDER	DAYS	IF UNDER	MIN.		OF BIRTH		8. BIRTHPL. Country)	ACE (State or Foreig
	231-40-		1 M 2 X F	56	YRS.	A				Mar	20,1		Virg.	
E							r, TOWN O		ON OF DE	ATH			TY OF DEAT	
ECTOR	RESIDENCE OF	'S HOS	pitai		Lanham						Prince George			
DIRE	10e. STATE	10b. COUN				TY, TOWN							10	d. INSIDE CITY LIMITS?
	Maryland		nce Geor	ge		Rive		_						X YES 2 N
ERAL	100. STREET AND NU 5604	Kenndy	Stree	\ +			101	. ZIP COD	€ 0737			10g. CITIZ		T COUNTRY?
FUNE	11. MARITAL STATUS	-	12. WAS DECEDEN		ARMED	13	WAS DEC	-			7 (Specify Yea	or No		S. A.
B₹		1 Never Merried 2 Married 1 Never Merried 2 Married 3 Widowed 4 Divorced FORCES? 1 YES IF YES, GIVE WAR OR DATE					II yes, spo 1 YES	ecify Cubi	in, Maxica	n, Puerto F	Rican, atc.)			Black
		5. DECEDENT'S ED		180, [DECEDENT'S (Give kind of life. Do NOT L	S USUAL O	CCUPATIO	ON st of work!	ing	16b.	KIND OF BU	SINESS/INDU	JSTRY	1
LET	Elementary/Secon	idary (0-12)	College (1-4 or 5	+)	life. Do NOT L						Caba	- 1		
COMPL	0				_	Cool	K				Schoo			
BE	17, FATHER'S NAME (Jones						E1s		Aiddle, Maiden			
	George		ones		19b. MAILIN	G ADDRES	S (Street a				W al. I ser, City or Tow	ren	Codel	
5		S. Cro	OSS			.8 La								. 2370
	20a. METHOD OF DIS	POSITION		20b. PLAC	CE OF DISPO							CATION —		
	Burlel 2 Cn 4 Donation 5 D		moval from Stata	Beu	ila1	Lane	e C	Chur	ch		Sou	ıtham	npton	ı, Va.
	21. SIGNATURE OF FI	UNERAL SERVICE	LICENSEE			22.	NAME AN	ND ADDRE	SS OF FA	CILITY				
	1 ×	14	701	The same		P	. O . E	Box	273	4 No	rfoll	c. Vi	rgir	nia 23
	disease or condit resulting in daeth		s. Athero	Sclewit	c Ca	Adjov	nscu)	os o	lisea	e wi	th Ca	rdia a	vvest	Onset and
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-18 Rev 1/89

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	CTOR: After this certificate has been signed by the attending physician and completely filled in by

		FOR STATE REGISTRAR	STATE OF MARYLAN		RTMENT OF H		MENTAL HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, N die, Las CARDLINE	Caroline M.	Bloch			2. DATE OF DEATH DAY	Y YEAR	3. TIME OF DEATH 10:03 AM
		4. SOCIAL SECURITY NUMBER 564-14-7222	1 - M 2 - F 93	yrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Morth, Day, Year) Oct. 20	1896	THPLACE (State or Foreign ntry)
1	TOR	5 hady Glove F RESIDENCE OF DECEDENT	duentist Hosp	HAL	Rocky	TILE	ATH	9c. COUNTY OF	60MERY
nit. Pagu	DIRECTOR	MD Mon	tgomery		ithersbu				10d. INSIDE CITY LIMITS? 1 XES 2 NO
ansit perm	ERAL	126 Billingsgat	te Lane		101	20877		IJ.S.A	WHAT COUNTRY?
ding physician. the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Interied 3 Wildowed 4 Officed	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	ecify Cuban, Mexices	ic ORIGIN? (Specify Yes n, Puerto Ricen, etc.) Mexican	or No 14. RAG Bla Spa	CE - American Indian, ck, White, etc.
the hospital or attending detached for use as the once.	PLETED	15. OECEOENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of	s usual occupation work done during mouse retired.)	ON st of working	16b. KIND OF BUS		
detached once.	COM	17. FATHER'S NAME (First, Middle, Last)		HOME	marci	18. MOTHER'S NAI	Own Ho		
# # F	BE	James Mathewson	1	105 MAISIN	G ADDRESS /Street e		Valenzuela Route Number, City or Town	State 7in Code)	
ge 5 should no notified	5	Rene Bloch					Gaithersb		20877
ector, page		20e. METHOD OF DISPOSITION 12X Surial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	amoval from State Sa	PLACE OF DISPO	osition (Name of cer ando Miss	netery, cremetory or	20c. LOC	ssion Hi	Town, State
nours are deam. Page 6 may ed in by the funeral director, pa or removal. medical examiner must b		21. SIGNATURE OF FUNERAL SERVICE			Josep	oh Gawler	ts Sons, I	inc.	ton.D.C.2001
tr cerpinate be exected within 24 ending physician and completely filk lygiene prior to burial, cremation, or other traumatic event, the	CERTIFICATION	23. PART I. Enter the diseases, o shock, or heart fallur immeDiATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. Out to ou As A C	CONSEQUENCE OF	ngestive	heart fa			Approximate Interval Between Onset and Death
TO THE HOSPITAL OR ATTENDING PHYSICIAN I he law requires that the use TO THE FUNERAL DIRECTOR: After this certificate has been signed by the att be filed within 72 hours after death with the State Dept. of Health and Mental IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury,	MEDICAL	PART II. Other eignificant conditi	ons contributing to death but	t not resulting	in the underlyin	g cause given in	Part i. 24a. WAS AN I PERFORI 1 YES 2	MED?	Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
cate has state Dep	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
s PHYSICIAN or this certific th with the S larked, or	BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Stipetient 2 ER/Outpet 28e. OATE OF INJURY (Month, Dey, Year)	28b. TI	ME OF 28c. INJ	URY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
ECTOR: After safter dea	ETED B	3 Suicide 6 Could not b	28e PLACE OF INJURY -	Al home, farm.	, street, factory, offic	4	28f. LOCATION (Street a City or Town, State)	nd Number or Rura	l Route Number,
DSPITAL OR INERAL DIRI Ithin 72 hour INT: If Item	COMPLE	anal -	YSICIAM to the best of my knowled						o(s) and manner as stated.
TO THE FL TO THE FL Be filed wi	BE	296. SIGNATURE AND TITLE OF CENTIF	7 our	- M		29c. LICENSE NUM	MBER)	29d, DATE SIGNE	Month, Day, Year)
2	10		ne, M.D., 50 W	Edmon	eston Dr.	, Rockvi	lle, MD 2	0852	
		FEB 02 '90	32, REGISTRAR'S SIGNAT		Lola,				

3. TIME OF DEATH

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Elizabeth Peirce Cook

RECTOR	9a. FACILITY NAME (if not ins	·		1 76	YAS.		1 1		A CLL		1914	NC	
HH.		stitution, give s	street and number)			9b. CITY, TO	WN OR LOCATION	ON OF DE		. 24,		TY OF DEATI	4
H H	4750 Chevy		e Drive			Betl	hesda					tgome	
7	RESIDENCE OF DEC	10b. COUNT	Υ		10c CITY	TOWN OR L	OCATION					1 40.	I MAIDS OUTV
5	MD		gomery			thesd	LIMITS?					I. INSIDE CITY LIMITS? YES 2 NO	
	10e. STREET AND NUMBER						101. ZIP CODE	E			10g. CITIZ	EN OF WHAT	COUNTRY?
	4750 Chevy	Chas	e Drive		20815						U.	S.A.	
	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divor			NT EVER IN U.S. 1 YES 2 WAR OR DATES	ES 2 XNO If yes			DECENDENT OF HISPANIC ORIGIN? (Specify, specify Cuban, Mexicen, Puarto Rican, etc. YES 2 XNO Specify:			tc.) Black, White, at Specify:		
		EDENT'S EDU		18e.	DECEDENT'S U		PATION og most of workin	in.	16b.	KIND OF BUS	SINESS/INDU	STRY	
	Elamentary/Secondary (0-	1	College (1-4 or 5	+)	Homemal	retired.)	y most si worten			Own I	Home		
	17. FATHER'S NAME (First, Mic Wentworth		eirce					HER'S NAM		fiddle, Malden	Surnama)		
	19a. INFORMANT'S NAME (Ty	rpe/Print)			19b. MAILING A	DDRESS (St	reet and Number	or Rural R	loute Numb	er, City or Town	n, State, Zip (Code)	
2	Frank C.	Cook,	Sr.		4750	Chevy	Chase	Dr.,	Bet	hesda	, MD	20815	5
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 4 Donatton 5 Other	n 3 🗆 Ram	noval from Stata	othe	ce of Disposit			natory or		999	cation – c shingt		
2	21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE	0.		Jose	eph Gav	vler'	s Sc	ns, I	nc.		D.C.20016
	iMMEDIATE CAUSE (Fine disease or condition resulting in death)		List only one ce			030	lem	tic	H	ear			
	diseese or condition	Dna, Silata NG	a	O (OR AS A CON	ISEQUENCE OF):		lero	tic	H	ear	90		
MEDICAL CERTIFICATION	disease or condition resulting in death) Sequentially flat condition if any, leading to immediceuse. Enter UNDERLYIII CAUSE (Disease or injusthet initiated events resulting in death) LAST	Dona, flata NG TY	b	O (OR AS A CON	ISEQUENCE OF:	the Under				24a. WAS AN PERFOR	AUTOPSY MED?	CO DF	Onset and Deat
AN: MEDICAL CERTIFICATION	disease or condition resulting in death) Sequentially flat condition if any, lasding to immediate ceuse. Enter UNDERLY!! CAUSE (Disease or injusted initiated events resulting in death) LAST	pone, flate NG ry	b. DUE TO DUE TO DUE TO d. DUE TO	O (OR AS A CON	ISEQUENCE OF:	tha under	flying cause (given in i	Part I.	24a, WAS AN PERFOR	AUTOPSY MED?	CO DF	Onset and Deat RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETTON OF CAUSE DEATH?
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TOICIAN: MEDICAL CENTIFICATION	diseese or condition resulting in death) Sequentially flat condition if any, leading to immediceuse. Enter UNDERLYII CAUSE (Diseese or injurithet initiated events resulting in death) LAST PART II. Other significer 25. WAS CASE REFERRED TO EXAMINER? 1 XYES 2 \(\square\) NO 27. MANNEROF DEATH	pone, flate NG ry	b. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON	SEQUENCE OF:	OTHER:	flying cause (EATH (Che	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED? ANO	CO DF	Onset and Deat RE AUTOPSY FINDING ILLABLE PRIOR TO MPLETTON OF CAUSE DEATH?

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH
MONTH
Feb. 2

2,

1990 TEAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) CRYS	STAL EVELY	N CLYDE			2. DATE O	uary 278	, 199	7:15 am	
194-16-5043	M 2 F 7	MC	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)	C	IRTNPLACE (State or Foreign ountry)	
98. FACILITY NAME (If not institution, give street Memorial Hospit.		9	9b. CITY, TOWN OR LOCATION OF Easton			DEATH 9c. COUNT			
nesidence of decedent 10b. STATE 10b. COUNTY Maryland Ouee	en Anne's	10c. CITY, TOWN OR LOCATION Stevensy						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER				ZIP CODE	116	10	g. CITIZEN	OF WNAT COUNTRY?	
	121 Utah . WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DATE	S. ARMED	If yes, spec	2166 NDENT OF NISPAI ifly Cuban, Maxics NO Specific	NIC ORIGIN?		No- 14. F	S. A. RACE — American Indian, Stack, White, atc.	
15, DECEDENT'S EDUCATION (Specify only highest grade com	ON pleted)	6a. DECEDENT'S US	k done during most		18b.	KIND OF BUSINE	SS/INDUST	White	
Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	itte. Do NOT use n				Pot-	ail S	2100	
17. FATNER'S NAME (First, Middle, Last)		CIE		18. MOTNER'S NA	ME (First, M			ares	
Emory Howsare				Edit	h Bl	anche	Benn	ett	
19s. INFORMANT'S NAME (Type/Print)			DDRESS (Street and						
Edith Cobb		P. O.	Box 4	45, St	even	sville	MD.	21666	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):							
PART II. Other significent conditions of	ontributing to death but	not reaulting in	the underlying	cause given in	Part I.	24e. WAS AN AU PERFORME 1 YES 2	D?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 YES	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLA	CE OF DEATH (C)	neck only one	0)			
1 VES 2 NO 1	OSPITAL: Inpatient 2 - ER/Outpat		OTHER: Nursing Home	5 🗆 Residenca	S 🗆 Other	(Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	NON WOR		28d. DES	CRIBE NOW INJU	IRY OCCURE	D	
3 Suicide s Could not be detarmined	28e. PLACE OF INJURY — building, atc. (Specify	- At home, ferm, stre	net, factory, offica		28f. LOCA City o	ATION (Street and or Town, State)	Number or R	ural Route Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN 2 MEDICAL EXAMINER: 0	Y: To the best of my knowled							use(s) and manner as stated.	
210. SIGNATURE AND BITLE OF OPHTWEET	111			29c. LICENSE MU	WINER.	2	Rd. DATE SIG	gyeto (Month, Syst Was)	
///W///////	U.A.		>	D364	11		1/	29/90	
Dr. Robert J. 31. DATE FILED (Month 3	Melfi 1	00A Isl	and Pr	of. Pa	rk,	Stever	nsvil	le, MD 216	

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 25 yours after death. PROTHERAL DIRECTOR-After this certificate has been signed by the attending physician and completely filled in by the funeral this be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examination. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

with the hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

OHMN-16 Rev 1/89

520

Andrew J Forgash, Donath (ITEM 27) (Type, Print)

Riverside

Lulia Davidson-Randell

		. Campbell				2. DATE OF MONTH	ary 31.	YEAR 3. TIME OF OEATH
1. SOCIAL SECURITY NUMBER 183-24-7334	5. SEX	6. AGE (In yrs. last birthday) 57 YRS.	IF UNDER 1	YEAR IF UNDI	MIN,	7. DATE OF (Month, D. 5 – 2)	DIDTH	6. BIRTHPLACE (State or Foreign Country) Pennsylvania
90. FACILITY NAME (II not institution, give 12 57th St			_	town on Loca ean Cit		ATH		unty of OEATH Orcester
	ny Voncesten		ry, town of Ocean	City				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 12 57th St	reet			2184				TIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMED OVER 2 NO WAR OR OATES	11	NS OECENDENT yes, specify Cul	onn, Maxica	n, Puerto Rica	Specify Yee or No— in, atc.)	14. RACE — American Indian, Black, White, etc. Specify, white
15. DECEDENT'S Et (Specify only highest grate Elamentary/Secondery (0-12)	OUCATION de completed) College (1-4 or 5	+) 160. BECEOENT'S (Give kind of life. Do NOT L Mechi	work done du ise retired.)	CUPATION uring most of wor	king		inlines	IDUSTRY
17. FATHER'S NAME (First, Middle, Last) Leonard 7. Car	npbell					me (First, Midd	tle, Maiden Sumame) NROY	
190. INFORMANT'S NAME (Type/Print) Mary Louise Co	ampbell	196. MAILIN	57th	Street and Numb	er or Rural P	Route Number, Pan Ci	city or Town, State, 2 ty, Md.,	21842
20e. METHOD OF DISPOSITION 1 Suriel 2 Cremefion 3 Re 4 Donetion 5 Other (Specify)	emoval from State	20b. PLACE OF DISPO	nsition (Nam	M.P.	ematory or		Benli	n, Md.
21. SIGNATURE OF FUNERAL SERVICE	Illi (22. N	AME AND ADDE			ome Ben	lin, Md.
23. PART 1. Enter the disesses, cahook, or heert failur IMMEDIATE CAUSE (Finel disesse or condition reculting in death)	a. Co	et caused the deeth. Do uee on eech line.		Auc.	ying, euc	h es cerdied	c or reepiratory a	Approximete Intervel Betwee Onset and De
Sequentially liet conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	O (OR AS A CONSEQUENCE O						
PART II. Other eignificent condition	one contributing to	o death but not resulting	In the und	derlying cause	given in		In. WAS AN AUTOPS' PERFORMEO? YES 2 NO	Y 24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER	26. PLACE OF			Spanifu)	
27. MANNER OF DEATH 1 🔀 Natural 5 🔲 Pending	O DES PLACES	F INJURY 28b. TI	ME OF	26c. INJURY AT WORK? 1 YES 2		26d. DESCR	RIBE HOW INJURY O	CCURED oer or Rural Route Number,
2 Accident Investigation	No.	, etc (Specify)		,,			Town, State)	The state of the s
the second second	J J	of my knowledge, death occur	rred at the til	me, date and pla	ce, and due	fo the cause	(e) end manner ea s	lated.

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM			MENTAL HYGIEN	E	
	1. DFCSDENT'S NAME (First, Middle, Last)		,			2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
	JUANITA E CARDI			-		13- 2		30, PH
	200 200 1666	SEX S. AGE (In y	rs. last birthday) IF U	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	/23 8. BIRTI Cour	HPLACE (State or Foreign try)
1	90. FACILITY NAME (If not institution, give street	DEN. HOST	96.	19	LOCATION OF DE		9c. COUNTY OF	4
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		T 400 CITY TO	OWN OR LOCATION	241			10d, INSIDE CITY
DIRECTOR	4	ma	-40	lum				LIMITS?
Jan.	100. STREET AND NUMBER	en mtn.	00		ZIP CODE	11	10g. CITIZEN OF	WHAT COUNTRY?
N		. WAS DECEDENT EVER IN U				IC ORIGIN? (Specify Yee	or No.— 14. BAC	E — American Indian
2	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, spec	NO Specify	n, Puerto Ricen, etc.)	Ble Spe	CE — American Indian, oc., White, atc.
9	15. DECEDENT'S EDUCATION (Specify only highest grade com		8e. DECEDENT'S USU (Give kind of work	JAL OCCUPATION	of working	18b, KIND OF BUS	INESS/INDUSTRY	
Į.		ollege (1-4 or 5+)	Ilfe. Do NOT use ret	tired.)	or working			
COMPLE			Hou	sewife				
BE CO	17. FATHER'S NAME (First, Middle, Last) Wesly C Eicher				Pearl .	Jennings	Surname)	
0	190. INFORMANT'S NAME (Type/Print) William E. Cardwel	.1				ircle Colu		21044
	20e. METHOD OF DISPOSITION	20b. F	LACE OF DISPOSITIO				CATION — City or	
	1 Buriel 2 Cremation 3 Removal		tro Crema	tory In	ic.	Cat	onsville	Marhland
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22 NAME AN	ADDRESS OF FA	CILITY	Home Tre	
	Harry H.	Withe				e Funeral mbia Pike		
	23. PART i. Enter the diseases, or com ahock, or heart failure. List	pilcations that caused to	he death. Do not o	enter the mod	le of dying, euc	h es cerdiec Dr respi	ratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finei	· 1	01					Onaat and Death
	disease or condition resulting in deeth) a	Septi	ic Sho	ck				1 day
		DUE TO (OR AS A C						7.4.
S	Sequentially list conditions, b	DUE TO (OR AS A C	ONSEQUENCE OF):					20093
Ä	if eny, laeding to immediate cause. Enter UNDERLYING	Multi	rate Sc	1000	2.1			1304rs
RTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):	./~~ 0.				7
H.	reaulting in death) LAST							
CE	PART ii. Other aignificant conditions c	ontributing to death but	not reaulting in ti	ha undariving	cause given in	Part I. 24s. WAS AN	AUTOPSY 2	Ib. WERE AUTOPSY FINDINGS
CA						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED						1 🗆 YES :	7	DF DEATH?
PHYSICIAN: MEDI								
IAN	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only one)		
SIC	EXAMINER?	OSPITAL:		THER:	5 - Residence	8 Other (Specify)		
H	27. MANNER OF DEATH	28e. DATE DF INJURY (Month, Day, Year)	28b. TIME O			28d. DEŞCRIBE HOW	NJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO			
COMPLETED E	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif)		et, factory, office		28f. LOCATION (Street City or Town, State		Il Route Number,
Ш	290. CERTIFIER DECERTIFYING PHYSICIA	N: To the beat of my knowled	doe death occurred a	at the time date	end place, and due	to the couse(s) and me	nner es stated	
ME	(Check only one) 2 MEDICAL EXAMINER:							e(s) end menner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d DATE SIGN	ED (Month, Day, Year)
8	1 ann an	hom m	.D.		1)35:	217	D 1/2	8/90
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Pri	int) /	97-0	10:	1	- // 0
	11055 Little	Partxant	P/Kuy S	suite -	H 205	, Colum	bia, m	021044
	31. DATE FILED (Month, Day, Year)	32. RECUSTRAR'S SIGN	TURE 44		on-Randel	2		
	1/28/93	UMIT) U JC	0					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nouns after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach-		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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PITA	ERA	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	T. H
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	FOR 1 - STATE REGISTRAR	STATE OF M		/ DEPAR					MENTA	L HYGIENI REG. NO.	E	91) [44]
1990	1. DECEDENT'S NAME (First, Middle, Last) GALE MAX CRANI	DALL							MONT	of DEATH DA	5, 1	990	8:10 A M
	4. SOCIAL SECURITY NUMBER 236 30 5234	5. SEX 1 NM 2 F	6. AGE (In yrs. I	est birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	Dec	of BIRTH th. Day. Year) 20,19		We	st Virginia
TOR	90. FACILITY NAME (If not institution, give s 10151 Hobsons Cho RESIDENCE OF DECEDENT				9b. CIT	96. CITY, TOWN OR LOCATION OF DEAT Ellicott Cit						ard	EATH
Diller	Maryland Howa	-		10c. CIT E11	icot	t C	ity						10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	10e. STREET AND NUMBER					10	f. ZIP COC				10g. CITI		VHAT COUNTRY?
BY FUNERAL	* 10151 Hobsons Ch 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN		ARMED NO	13.	WAS DE	CENDENT	DF HISPAI an, Maxica Specif	NIC ORIGI in, Puarto y:	N? (Specify Yea Rican, atc.)	or No-	14. RACE	E — American Indian, k, White, etc.
COMPLETED	15. DECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)			OECEDENT'S (Give kind of the. Do NOT u	work done se retired.)	during m		ing		b. KIND OF BUS			neer
	17. FATHER'S NAME (First, Middle, Last) Stanley Crandall		,				16. MOT	HER'S NA		Middle, Maiden Mason			
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs Betty Crandal	.1		10151	ADDRES HOL	s (Street	and Numbers Ch	or or Rural	Route Num	e Ellic	n, State, Zip	City	Md 21043
	200. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	oval from Stata	other	E OF DISPO							CATION -		
	4 Donation 5 Other (Specify)	CENGEE	Anste	ead Re		_	Gard		OII ITY	Ans	stead	l, We	est Virginia
	Harry 74.	, , ,	ke		Ha	arry	H W	itzk	e Fu	neral I			City Md.
	23. PART I. Enter the diseases, or shock, or need failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one ce	use on each li	ne.		r tha m	ode of d	ylng, suc	ch as cs	rdiac or respi	ratory an	rest,	Approximata interval Between Onast and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										5 month		
PHYSICIAN: MEDICAL CE	PART il. Other algnificant condition	ne contributing to	death but no	t reaulting	In the u	ınderiyi	ng cause	given in	Part I.	24a. WAS AN PERFOR	MED?	248	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N.													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	d		ОТНЕ	ER:	PLACE OF						
	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2		28b. Til		28c. II	JURY AT ORK? YES 2		_	eş (Specify)	NJURY OC	CUREO	
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY — At i, atc. (Specify)	home, farm,	street, fa	ctory, off	lca		281, LO	OCATION (Street by or Yown, State)	and Numbe	or or Rural	Route Number,
COMPLETED	onel only	ER: On the basis of											s) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE YHUN 18.5 W. KOUL	debros	Nichori	AS W	Kout	relak		385					0 (Month, Day, Year) 125 1996
-	30. NAME AND ADDRESS OF PERSON WI	THE 424	IOLZ	TEM 27) (Typ	e, Print)	Pall	ment	PKL	0.1	lumb	in Mi	1/2	1044
	31. DATE FILEO (Month, Day, Year)		AR'S SIGNATURE	on Par	dell		40001		1	, , , , , , , ,			

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n 20,1925 - Vent Vispinio			
	call sectify	nonal	10151 Hobsons Chalce
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Price Wildone City Mi.			

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physician	oun the	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buning the sled within 72 hours after death with the State Dept, of Health and Meriral Hygiene prior to burial, cremation, or removal.	
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OR ATTE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ternopressit. It than 30 is marked as item 23 shows any injury or other transfer over the modified available at another transfer over the modified at another transfer over the modified at another transfer over the modified at another transfer over the modified at another transfer over the modified at another transfer over the modified at another transfer over the modified at another transfer over the modified at another transfer over the modified at an another transfer over the modified at an another transfer over the modified at an another transfer over the modified at an another transfer over the modified at an another transfer over the modified at an another transfer over the modified at th
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1. DECEDENT'S NAME (First, Middle, La	DECEDENT'S NAME (First, Middle, Last) Jessie Janet Cook						Y, ZEA	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 217-34-0349	5. SEX 8	AGE (In yrs. last birthday) 52 yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,	7. DATE ((Month)	Day, Year)	C	IRTHPLACE (State or Foreign ountry) arvland	
98. FACILITY NAME (If not institution, go WASHINGTON A)V	ve street and number)		96. CITY, TOWN	OR LOCATION OF DI	EATN	05 37	9c. COUNTY OF DEATH MUNTGOMEN		
Maryland Mo	ntgomery		town or Local					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10%. STREET AND NUMBER 7051 Carroll	Avenue		10	f. ZIP CODE	L2			of WNAT COUNTRY? ed States	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 I	YES 2 NO	If yee, sp	CENDENT OF NISPA Decity Cuban, Mexico S 2 NO Specia	en, Puerto R			RACE — American Indian, Black, White, atc. Specify: White	
15. DECEDENT'S (Specify only highest g	EDUCATION rade completed) College (1-4 or 5 +)	16a. DECEDENT'S L (Give kind of we life. Do NOT use	ork done during me	ON ost of working	16b.	KIND OF BUS	INESS/INDUST	RY	
11	Conege (Ind or 5+)	Pre	esser			Dry C	leaner:	S	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA					
Dell Iva Grift	ın	Top MAN MO	ADDRESS (Sw	Margar					
Robert I. Grif	fin			and Number or Aural				705	
20a. METHOD OF DISPOSITION 1 Burial 2 Crematton 3 1 4 Donation 5 Other (Specify)		20b. PLACE OF DISPOSION Officer place) Suburban (TION (Name of ce	metery, crematory or		20c. LOC	CATION - City		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	7		ND ADDRESS OF FA			- A		
23. PART I. Enter the diseases, shock, or heart falls	or complications that core. List only one cause		933 (nue,	Silver	Sprin	g, MD 20910 Approximata	
	a. CARDI DUE TO (OF b. END DUE TO (OF c. SEPS DUE TO (OF		Es T	Gist Aver	nue, ich es card	Silver	Sprin	Approximata	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPAI	RTMENT OF I		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	MILDRED V.	(COOK			Ol 3		0 1:02 P.M			
	4. SOCIAL SECURITY NUMBER	100	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)			
	577 16 4918	1 M 2 F	80 YRS.			Oct. 11	-	Washington I			
l cc	9a. FACILITY NAME (If not institution, give si				OR LOCATION OF D		9c. COUNTY				
0	715 Devonshire Road Takoma Park Prince George										
DIRECTOR	10e. STATE 10b. COUNTY	n ce Geor	TION Park			10d. INSIDE CITY LIMITS? 1 X YES 2 ND					
FUNERAL	100. STREET AND NUMBER	77 3		10	H. ZIP CODE						
NE	715 Devonshire				20912		U.S				
BY FU	11. MARITAL STATUS 1 Naver Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	EVER IN U.S. ARMED YES ZINO AR OR DATES	If yes, s		NIC ORIGIN? (Specify Yeen, Puerto Ricen, etc.) f/y:	e or No— 14.	RACE — American Indian, Black, White, atc. Specific hite			
ED .	15. DECEDENT'S EDU	CATION COmpleted	16s. DECEDENT'S	S USUAL OCCUPATI work done during m	ION	16b. KIND OF BU	SINESS/INDUST	TRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	Min Do NOT a	see retired.)		Patent	offi	ce			
BE COA	77. FATHER'S NAME (First, Middle, Leet) Reuben Cook				18. MOTHER'S N. Carr	AME (First, Middle, Maider Le Wesso	Sumeme)				
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox					
-	Wesson Cook, J	r.				ive Clark	svill	e MD., 2102			
	20a METHOD OF DISPOSITION 1 Description Memory Description Descri	oval from State	Fort L11		emetery, cremetory or	100	entwoo	or Town, State d, MD.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE XENDALL BURNEY NANCIL TAKOMA FUNERAL HOME, INC. 254 Carroll St. N.W. Washington DC										
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute myocardial disease. Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of):										
ERT	resulting in death) LAST	d,									
PHYSICIAN: MEDICAL C	PART II. Other significant condition None	s contributing to	ng cause given in	Pert I. 24a, WAS AI PERFO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
AN	25. WAS CASE REFERRED TO MEDICAL			00.7	NAC OF DEATH (O						
CI	EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	PLACE OF DEATH (C						
	27. MANNER OF DEATH t 🔀 Netural 5 🗌 Pending	26e. DATE OF (Month, De	INJURY 26b. TI	ME OF 28c. IN	ome 5 N Reeldanca 6 Other (Specify) NJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK? YES 2 NO						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	INJURY — At home, farm, etc. (Specify)	street, factory, offi	ce	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	1-1-1-1		my knowledge, death occur amination and/or investigat					suse(s) and manner as stated.			
BE C	290. SIGNATURE AND MILE OF CENTERS	Deputy	Medical Exa	miner	29c. LICENSE NU		29d. DATE S	IGNED (Month, Day, Year)			
10	Anme and address of Person WH	1,000			D0997		01	./31/90			
	John S. Rogers,			Road, S:	ilver Sp	ring, MD	20910				
	FEB 05 '90		Paridon-Rush	22							

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t permit.

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR		CER	TIFICAT	E OF	DEATH		REG NO.				
1. DECEDENT'S NAME (First, Middle, Last)	-	ade		COOK		2. OATE O	DAY				
4. SOCIAL SECURITY NUMBER	1			COOK		Janua				p	
236-10-0548	1 M 2 - F	AGE (In yrs. lest birt	(RS. MONTHS	DAYS	HOURS MIN.	7. DATE OF (Month), 6-2	5-1894	C	MRTHPLACE (State or For Journey) Vest Virgi:		
90. FACILITY NAME (If not institution, give Franklin Square RESIDENCE OF DECEDENT		lenter	9b. CI	Ess	OR LOCATION OF DI	EATH		9c. COUNTY (Baltime	ore County	DEATH	
10a. STATE 10b. COUNT	TY	10	c. CITY, TOWN	OR LOCAT	Balti	more			10d. INSIDE CITY LIMITS?		
10e. STREET AND NUMBER	alon Avenu	le		101	ZIP CODE	22			OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced	1. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No— 1 1 1 1 1 1 1 1 1 1								14. RACE — American Indian, Black, Whita, atc. Specify: White		
15. DECEOENT'S EDI (Specify only highest gred Elementery/Secondery (0-12)	UCATION le completed) College (1-4 or 5+)	(Give ki	ENT'S USUAL ind of work don NOT use retired	e during mo		16b. K	(INO OF BUS	INESS/INDUST	RY		
8	Conega (14 or 54)	Mi	Miner					al Indu	ıstry		
17. FATHER'S NAME (First, Middle, Last)	D 0.	. 7			18. MOTHER'S NA			,			
Ge (19e. INFORMANT'S NAME (Type/Print)	orge P. Coo		NI INO ADDOC	86 (04		largar					
	n a				enue Bal				21222		
Mrs. Polly Jenki						CLHOL					
29e. METHOO OF OISPOSITION Suriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	moval from State	other place)							n. West Virgini		
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	TOSETA			ND ADDRESS OF FA		1 27.71	ice con	MESC ATTR	, 4, 24	
> michael P.	margille	7		3981	Carrollt			illo Funeral Service Upperco, Md. 21155			
Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that infilated evente resulting in death) LAST	Renal Fa	R AS A CONSEQUE BILLITE. OR AS A CONSEQUE	NCE OF):			y zac					
PART II. Other eignificant condition	d.	eath but not resu	iting in the	underlyin	g cause given in		PERFOR	MED?	24b. WERE AUTOPSY FII AWAILABLE PRIOR COMPLETION OF CO OF DEATH?	TO CAUSE	
									1 YES 2 N	10	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:	ER/Outpatiant 3 🗆 t	DOA 4 N	ER:	ACE OF OEATH (C)						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 26. PLACE OF OEATH (Check only one) 27. MANNER OF DEATH 1 X Natural 28a. DATE OF INJURY (Month, Day, Year) 28a. DATE OF INJURY (Month, Day, Year) 28a. DATE OF INJURY M 1 YES 2 NO 28a. DATE OF INJURY M 29b. TIME OF INJURY 1 YES 2 NO 28a. DATE OF INJURY M 1 YES 2 NO 28a. DATE OF INJURY Control 28a. DATE OF INJURY M 1 YES 2 NO 28a. DATE OF INJURY Control 28a. DATE OF INJURY M 1 YES 2 NO 28a. DATE OF INJURY Control 28a. DATE OF INJURY M 1 YES 2 NO 28a. DATE OF INJURY Control 28a. PLACE OF INJURY At work? 1 YES 2 NO 28a. DATE OF INJURY City or Nown, Stete) 28a. PLACE OF INJURY 1 YES 2 NO 28a. DATE OF INJURY 1 YES 2 NO 28a. PLACE OF INJURY 1 YES 2 NO 28a. DATE OF INJURY 1 YES 2 NO 28a. DATE OF INJURY 1 YES 2 NO 28a. DATE OF INJURY 28a. DATE OF INJURY 1 YES 2 NO 28a. DATE OF INJURY 1 YES 2 NO 28a. DATE OF INJURY 28b. TIME OF INJURY 1 YES 2 NO 28a. DATE OF INJURY 28b. TIME OF INJURY 28b. TIME OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 YES 2 NO 28a. DATE OF INJURY 28b. TIME OF INJURY 28b. TIME OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 2 NO 28a. DATE OF INJURY 28b. TIME OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 2 NO 28a. DATE OF INJURY 28b. TIME OF INJURY 28b. TIME OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 2 NO 28d. DESCRIBE HOW INJURY OCCURED City or Nown, Stete)							JURY OCCURED				
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	SICIAN: To the best of m								use(a) end manner as st	teted.	
BONATURE AND TITLE OF GERTIER	NOON	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			29c. LICENSE NU D19637				SNED (Month, Osy, Year)		
30. NAME AND ABORESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Print)								

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1. OECEDENT'S NAME (First, Middle, Last)

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		t. OECEDENT'S NAME (First, Middle, Last) OLLIE EUGENE CURTIN 2. DATE OF DEATH MONTH FEB. 2, 1990									0			
	0.0	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					8 7 D	ATE OF BIRTH		3:55pm M	
9		577 16 1943 X M 2 🗆 F			1977	79 YRS. MONTHS DAYS HOURS MIN.				se Se	Sept. 12, 1910 MD			
2, 3 should	ECTOR	Doctors's H	ospita	treet and number)			Lanha		OCATION O	F DEATH	Prince George's			
	5	RESIDENCE OF DECEDENT												
permit. Pages 1,	DIRE	MD Calvert					nkirk	CATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
E E	AL	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN										F WHAT COUNTRY?		
usit	FUNER	1721 Edinburgh Lane 20754 USA										ISA		
E ta	S	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WAS	DECENE	DENT OF HIS	SPANIC OR	IIGIN? (Specify Yes	or No.— 14. R	ACE - American Indian.	
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use as	ETED	(Specify only	EDENT'S EDU	completed)		DECEDENT'S (Give kind of life, Do NOT u	WSUAL OCCU work done during se retired.)	PATION g most of	f working		16b. KIND OF BUS	BINESS/INDUSTR	1	
iched for	COMPLE	Elementary/Secondary (0		College (1-4 or 5			ent Ope	rat	or			ruction	1	
should be detached notified at once.	ш	17. FATHER'S NAME (First, M Ric	hard	Curtin				16			Boswell	Surname)		
o should be notified at	B	19a. INFORMANT'S NAME (7	iype/Print)			19b. MAILING	AOORESS (St	eet and f	Number or Ro	ural Route I	Number, City or Town	n, State, Zip Code)		
100	5	Barbara A.	Harris			7501	Leona	St	., Fo	rest	ville, M	ID 2074	7	
st pe	18	20a. METHOD OF DISPOSIT		aval from State	20b. PLA	CE OF DISPO	SITION (Name	f cemete	ry, crematory	or	20c. LO	CATION — City or	Town, State	
director, p		4 Donation 5 Other		OVAI ITOIN STATA			oln Cem				Bren	twood (PG) MD	
runeral		21. SIGNATURE OF PUREHA	L SERVICETTE	DAMES /	ed		22. NAN	aus	ch Fu	nera.	1 Home,	Owings	, MD 20736	
physician and completely filled prior to burial, cremation, ser traumatic event, the	FICATION										Approximate Interval Between Onset and Death			
을 구 등	CERTI	that initiated events reaulting in death) LAS	T	d										
of Health and shows any in	MEDICAL:	PART II. Other algulifica	ent condition	na contributing to	death but no	ot reaulting	In the under	lying co	ause giver	in Part	1. 24a. WAS AN PERFOR	MEO?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO	
	IAN	25. WAS CASE REFERRED T	O MEDICAL					6. PLACI	E OF DEATH	(Check on	nly one)			
State (SICI	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	Home !	5 Raelder	nca 6 🗆	Other (Specify)			
After this certificate has death with the State Dep s marked, or item 23	РНУ		Pending	26e. DATE O		NJURY 26b. TIME OF 26c. INJURY AT WORK?					26d. DESCRIBE HOW INJURY OCCUREO			
	TED BY	2 Accident Investigation 2 Suicide 6 Could not be 26. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State)								ral Route Number,				
+ 12 F	COMPLET	CONTROL ONLY		ICIAN: To the best of									se(s) and manner as atated.	
TO THE FUNERAL DE filed within 72 h	O BE C	296. SIGNATURE AND TITLE	A)a	Alle	e()	m. 1) .	29	D 2	NUMBER 4	92	29d. DATE SIG	3 Popy Year)	
/	T	Riad De	F PERSON WH	201.1	14300	o 691	lant	Fo.	x Lo	. [Bowie	MD	20715	
5		31. DATE FILED (Month, Day,) 8 1991	32 REGISTR	AR'S SIGNATUR	fandale								
		1 44		U									OHMH-16 Rev 1/89	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Cigarlek

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JAN 29 '90

Eric

burial-transit permit. Pages 1, 2, 3 should urs after death. Page 6 may be retained by the hospital or attending physician, in her the fundament name 5, should he detached for use as the burgal-tran BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the state death. It of the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: It item 28 is marked, or item 23 shows any Inlury, or other traumatic event, the medical examin	DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withink records after death. Page 6 may be relatined by the hospital or attending propriate and completely filled in by the funeral direction, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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6-7-90 cm	OTATE OF MADVA	/					90 0441	
1 - STATE REGISTRAR	STATE OF MARYL		ICATE OF		MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Last) Ethelwyn R	. Costain				Jan. 18,	1990 YE	3. TIME OF DEATH 1 P.M.	
4. SOCIAL SECURITY NUMBER 060 34 9731	s. sex FE 6. AGE	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 1 (Mg/h), Pay, Year) 1900	8. 6	SIRTHPLACE (State or Foreign country)	
	ACILITY NAME (If not Institution, give etreet end number) ent & Queen Anne Hosp. Chestertown Kent							
Kent & Queen Anne RESIDENCE OF DECEDENT	nt	y, town or locatick Hall		10d. INSIDI LIMITS 1 YES				
100. STREET AND NUMBER Caroline & Bay						10g. CITIZEN USA	OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed STADAnanced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2XXNO	If yee, sp		ANIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White	
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 1 1 17. FATHER'S NAME (First, Middle, Last)		18e. DECEDENT'S (Give kind of life. Do NOT u		DN et of working	At Home	JSINESS/INDUST	RY	
17. FATHER'S NAME (First, Middle, Last) (Dr) Arthur Ho	rton Cleve	eland			AME (First, Middle, Maider Vyn Morrill		er	
190. INFORMANT'S NAME (Type/Print) Lucy M. Bullock			ADDRESS (Street &		Route Number, City or Too 1661 Caro		_{®)} Bayside Aves	
20a. METHOD OF DISPOSITION CYCM 1 Burlet 2X2Cremetton 3 Remo 4 Donation 5 Other (Specify)	val from Stata	etro Crei	matory,	Inc. (1/	/19/90) Ba	ocation — chy 11timore		
21. SIGNATURE OF FUNERAL SERVICE LICE	ensee Lis (1)	olls		nd address of F	P.0). Box i		
23. PART I/ Enter the diseases, or created, or heert failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	list Dnly one ceuse on e	each line.			ARRES	piratory arrest,	Approximete Interval Betwee Onset and Dea	
Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST	DUE TO (OR AS DUE TO (OR AS CORO	A CONSEQUENCE O	el: AFLE THE	CHS:RY I	E PULLY		**	
PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AQ 27. MANNER OF DEATH	e contributing to deeth i	but not reculting	In tha underlyin	g cause given i		RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	petient 3 🗆 DOA	OTHER:	ACE OF DEATH (C	Check only one) 8 Other (Specify)	J		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY WO	URY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED	
3 Suicide 8 Could not be	28e. PLACE OF INJUR building, atc. (Spe	Y — At homa, farm, ecity)	atreet, factory, offic		28f. LOCATION (Street City or Town, State		tural Route Number,	
one)	CIAN: To the best of my known.						ruse(e) end manner ee stated.	

Md.

Chestertown,

Lika Davidson-Randall

	2.8	
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. B tilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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IAN: Th	rificate se State	or item
PHYSIC	this cer	rked,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur- be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DR ATTE	NURECTON YURS afte	em 28
PITAL (ERAL D	THE
HE HOS	HE FUN	ORTAN
T 01	D 50	IMP

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31. DATE FILEO (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

'90

32. REGISTRAR'S SIGNATURE

AND AND ASSOCIATION OF THE PROPERTY

FOR		CTATE OF M	ADVI AND A	DEDAG	TRACAL	. 05 1	CALTH	AND	AFAITAL II	VALENT		90	0441
1 - STATE REGISTRAR	2	STATE OF M		ERTIF						FG. NO.			
1. DECEDENT'S NAME (First, Mid	idle, Last)								2. DATE OF D	DAY	YE		ME OF DEATH
R-OSQII &	A	Caul	6. AGE (In vrs. les	nt hiethelms)	IF UNDER	4 VEAD	IF UNDER	24 MDR	7. DATE OF B	1-31	-199		E (State or Foreign
219-22-6915		M 2 VF	C. C.	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day	(Year)		country)	/
9a, FACILITY NAME (If not institut	tion, give atree	and number)	6/		9b. CITY	, TOWN	R LOCATION	ON OF DE			. COUNTY	OF OEATH	4
BAITIMORE	BAITIMORE COUNTY GEN. HOSP. KANDAILSTOWN MY.								4.	Bus	10.		
BAITIMORE RESIDENCE OF DECED 10a. STATE 10d.	b. COUNTY			10c, CI	Y, TOWN	OR LOCAT	ION					10d.	INSIDE CITY
md.	Baltin	nore		0	WIL	165	M	11/5					YES 2 X NO
						101	ZIP COO	E		10	g. CITIZEN		
100. STREET AND NUMBER 105 OAK 11. MARITAL STATUS 1 Never Marriad 2 Marriad	Mere	2 Rd					211	17	A-5 (-)			U.S.	4.
11. MARITAL STATUS			YES 2						ilC ORIGIN? (Si n, Puerto Ricen		14.	RACE - A Black, Whi	merican Indian, ta, etc.
3 Widowed 4 Divorced		IF YES, GIVE W	AR OR DATES			1 TYES	2 🐴 NO	Specify	<i>r</i> :			Specify:	White
/Oneothy nety his	NT'S EDUCAT		18a. Di	ECEOENT'S	USUAL O	CCUPATIO	ON at of working	707	16b. KIN	O OF BUSINES	SS/INOUST	RY	
Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle		College (1-4 or 5+	(///	Do NOT u	erk				Gro	cery S	store		
17. FATHER'S NAME (First, Middle	, loot)			01	GIK		L so MOT	UEDIO NA	ME (First, Middle				
John Fra	nklin	Long					16. MO1	Lul			rbin		
19a, INFORMANT'S NAME (Type/										7			
Ricky L. Cau	199. INFORMANT'S NAME (Type/Print) Ricky L. Caudill 190. Mailing adoress (Street and Number or Bural Agute Number, City or Jown, State Zip Code) 405 Academy Ave., Owings Mills, Md. 21117												
20a, METHOD OF DISPOSITION	Manual Compation 3 Gramous from State other place)												
4 Donation 8 Other (Spi	4 Donation 6 Other (Specify) Jessops Church Cemetery Sparks, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE A								yrand				
21. SIGNATURE OF FUNERAL SI	501	1 All				Eckh	ardt	Fur	ieral C				21117
N'	Lekt	ierou			-		_						ills, Md
shock, or heer											Interval Betwee		
IMMEDIATE CAUSE (Final disease or condition			20.00	-1	1	-in 1							Onset and Deat
resulting in death)	8	DUE TO	OR AS A CONSE	OUENCE	-	61 (~						5/1-11
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Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	OUE TO	OR AS A CONSE	EQUENCE O	OF):	-	-						
reaulting in death) LAST													
BAST II OW al-elife A	conditions	contribution to	death but not	regulting	In the H	ndadula		aluan la	Dort I Ota	MMO AN ALIT	naav I	OAL WED	E AUTOPSY FINDINGS
3	CONGRETA	contributing to	Geetii Dot 110t	resulting	m the u	nuenym	g cause	Aisaii iii		PERFORMED)?	AWAII	LABLE PRIOR TO IPLETION DF CAUSE
25. WAS CASE REFERRED TO M EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH									1[YES 2 📝	NO	DF C	DEATH?
2	1 [YES 2 [NO												
25. WAS CASE REFERRED TO M							LACE OF E	EATH (Ch	eck only one)				
1 YES 2 NO		IOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nu		ne 5 □ R	asidence	8 Other (Sp	ecify)			
27. MANNER OF DEATH	rtine	28a. DATE OF (Month, D		28b. Til	ME OF JURY M	W	DRK?		28d. DESCRI	DE HOW INJUI	RY OCCUR	ED	
2 Accident Inve	estigation	28a, PLACE O	F INJURY — At h	ome farm.			YES 2 [_ NO	281 LOCATIO	N (Street and I	Number or F	Turni Brushn	Number
3 Suicide 8 Cou	ald not be armined		atc. (Specify)	,,	or many root	, oine				wn, State)	CONTROL OF C	- TOUR	
4 Homicide Certifier 29a. CERTIFIER (Check only one) 2 MEOICAL	ING PHYSICIA	AN: To the best of	my knowledge d	leath occur	red at the	time, date	and place	, and du	to the couse/s) and manner	as stated		
(Check only one) 2 MEOICAI												use(a) and	manner as stated.
29b. SIGNATURE AND TITLE OF	CERTIFIER						290 110	ENSE NU	MBEO	20	d. DATE SI	ONED (14-	

30 04416 THE RESIDENCE OF THE PROPERTY OF THE PERSON

DHMH-18 Rev 1/89

1	-	STATE REGISTRAR	
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

222-22-5648-A 1 M 24 F 90 YRS. MONTHS DAYS HOULD BE PACIFITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCAL PACIFIC AND ADDRESS OF THE PACIFIC AND ADDRESS O				
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. test birthdey) 1 UNDER 1 YEAR IF UI MONTHS DAYS HOU 22-22-5648-A 1 M 2 F 90 YRS. 96. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOX		DATE OF DEATH	MEAN	3. TIME OF DEATH
SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey) F UNDER 1 YEAR IF UI 22-22-5648-A 1 MAY BE UI MONTHS DAYS HOU YRS. 96. CITY, TOWN OR LOCK 10. FACILITY NAME (If not institution, give street end number)		Month DAY	1990	5.03 A
22-22-5648-A 1 W 21 F 90 YRS. e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOC	INDER 24 HRS. 7.	DATE OF BIRTH	a. BIRTI	IPLACE (State or Foreign
FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOC	IRS MIN.	(Month, Day, Year) 3/23/189	Count	rvland
	CATION OF DEATH		c. COUNTY OF D	230 100 100 100 100
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Meridian Nursing Center Centrevil	TTe		Queen	Anne's
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☐ Widowed 4 ☐ Divorced ☐ Divorced ☐ UF YES, GIVE WAR OR DATES ☐ 1 ☐ YES 2 ☐	NO Specify:		Spec	
				Black
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of w	working	18b. KIND OF BUSINE	ESS/INDUSTRY	
Elementery/Secondery (0-12) College (1-4 or 5+) ii/le. Do NOT use retired.)				
College n Teach	er	Ed.		
FATHER'S NAME (First, Middle, Last) 18. I	MOTHER'S NAME	(First, Middle, Maiden Sun	name)	
Thomas B. H. Coleman	Mary F	. Brown		
e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Num 2 2 1 4 5 5 5	imber or Rural Rout	Number, City or Town, S	itate, Zip Code)	
iss. Pauline Coleman 2214 SESSEV	5714	silming	TON D	E 1-
METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery,			ION — City or To	
Buriat 2 Cremetion 3 Removal from State other place)				
Donotion 5 Other (Specify) Dale Memorial Ce			Te com.	n, Delawa
SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AD	DRESS OF FACILI	WALLEY'	S FUN	ERAL HOM
Demething 207 00	Trent	St. Chest		
MMEDIATE CAUSE (Final laseese or condition solutions in deeth) a	don	t with	Doda	plegin
eaulting in death) LAST				
art II. Other algnificent conditions contributing to desth but not resulting in the underlying caused on purchisming Castrostoning		t I. 24s. WAS AN AU PERFORME	D2/	AVAILABLE PRIOR TO COMPLETION DF CAUS
Anenin				DF DEATH?
		-		1 YES 2 NO
WAS CASE REFERRED TO MEDICAL 26 PLACE				
. WAS CASE REPERRED TO MEDICAL 26. PLACE R	OF DEATH (Check	only one)		
EVANIMEDO	Residence 8	Other (Specify)	1000	
	AT 20	d. DESCRIBE HOW INJU	JRY OCCURED	
EXAMINER? HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5	2 1 NO			
HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5		If. LOCATION (Street and	Number or Rural	
EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 MANNER OF DEATH 1 Nature 5 Pending Investigation 28e. PLACE OF INJURY M 1 YES 28e. PLACE OF INJURY At home, ferm, street, fectory, office	28			Route Number,
EXAMMER? OPITAL: OPIT	20	City or Town, State)		Route Number,
EXAMINER? OFFITAL:			Route Number,	
EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 MANNER OF DEATH 1 Nature1 5 Pending Investigation 3 Suicide 8 Could not be determined Certifier R (Check only Check on	place, end due to	the cause(e) end menne	r ee stated.	
EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 4 ON PROPERTIES NOTHER: 1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 4 ON PROPERTIES NOTHER: 1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 4 ON PROPERTIES NOTHER: 1 OPENIES NOTH	place, end due to	the cause(e) end menne	r ee stated.	
EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 7. MANNER_OF DEATH 1 Naturel 2 Accident 3 Suicide 4 Homicide 2 Could not be determined 2 Dec. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death of	place, end due to	ihe ceuse(e) end mennel	r ee stated.	
EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 4 Nursing Home 5 4 Nursing Home 5 5 Manner of Death 1 Neture	place, end due to occured at the time.	the ceuse(e) end menner e, dete end place, end d	r ee stated. lue to the couse(e) end menner ee state
EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 1 Naturet 5 Pending Investigation 28e. DATE OF INJURY 28b. TIME OF INJURY WORK? 1 Naturet 5 Pending Investigation 28e. PLACE OF INJURY At home, ferm, street, fectory, office building, etc. (Specify) 28e. DATE OF INJURY 28b. TIME OF INJURY YORK? 1 YES YORK? 1 YES YORK? 28e. PLACE OF INJURY At home, ferm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY At home, ferm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY At home, ferm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY At home, ferm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY At home, ferm, street, fectory, office building, etc. (Specify) 28e. DATE OF INJURY At home, ferm, street, fectory, office building, etc. (Specify) 28e. DATE OF INJURY At home, ferm, street, fectory, office building, etc. (Specify) 28e. DATE OF INJURY At home, ferm, street, fectory, office building, etc. (Specify) 28e. DATE OF INJURY At home, ferm, street, fectory, office building, etc. (Specify) 28e. DATE OF INJURY At home, ferm, street, fectory, office building, etc. (Specify) 28e. DATE OF INJURY At home, ferm, street, fectory, office building, etc. (Specify)	place, end due to	the ceuse(e) end menner e, dete end place, end d	r ee stated.	e) end menner ee state
EXAMINER? YES 2 NO	place, end due to occured at the time. LICENSE NUMBE	the ceuse(e) end menner e, dete end place, end d	r ee stated. lue to the couse(e) end menner ee state

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within?	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should b		IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
	2. DATE O	F DEATH

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND / D			EALTH AND	MENTA	L HYGIENI			
	1. DECEDENT'S NAME (First, Middle, Last) Bly Ø. Calloway						2. DATE	OF DEATH	96		6:00 A
	4. SOCIAL SECURITY NUMBER 216-70-1740	5. SEX 1 M 2 1 F 83 1 North Days 1 Set under 1 Year Funder 24 Hrs. 1 Under 24 Hrs. 1 Funder 1 Year Funder 24 Hrs. 1 Funder 1 Year Funder 24 Hrs. 1 Funder 24 Hrs. 1 Funder 24 Hrs. 1 Month Days Hours Min. 1 Ponth Days Hrs. 2 Ponth Days Hrs. 2 Ponth Days Hrs. 2 Ponth Days Hrs. 2 Ponth Days Hrs. 2 Ponth Days Hrs. 2 Ponth Days Hrs. 2 Ponth Days Hrs. 2 Ponth Days Hrs. 2 Ponth Days Hrs. 2 Ponth Days Hrs. 2 Ponth Days Hrs. 2 Ponth Days Hrs. 2 Ponth Days Hrs. 2 Ponth Da						OF BIRTH In, Day, 16ar)		De.	ACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give s Deer's Head Cent RESIDENCE OF DECEDENT	Head Center Salisbury, Md.							9c. COUNTY Wi COR		
DIRECTOR	Md. Wico	omico Mardela				TION					Od. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	Box 685 Athol Ro	Road				21837			109. CITIZEN	OF WH	AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 □ YES 2 № NO Specify: White					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Cotlege (1-4 or 5+)	(Give	DENT'S USUA kind of work do NOT use retire	one during m od.)		188	Home			
MC	17. FATHER'S NAME (First, Middle, Last)	2	110111	emaker		16. MOTHER'S	NAME (First	Middle, Maiden	Sumama)		
	Albert J. Owens							Morri	,	S	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. I	MAILING ADDR	ESS (Street	and Number or Rur					
2	John O. Calloway		Во	x 662	Brids	e St. M	lardel	a. Md.	21837		
	John O. Calloway Box 662 Bridge St. Mardela, Md. 21837 20e. METHOD OF DISPOSITION 1 [X Burlel 2 Cremation 3 Removal from State other place) A Donation 5 Other (Specify) Mardela Memorial Cemetery Mardela Springs, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE A	let 1		Short	ND ADDRESS OF Funera	FACILITY 11 HOTT	ne, Inc			0-7-11-1
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heer feiture. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. Subara DUE TO (1) b. Hypert DUE TO (1) c.	chnoid OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU OR AS A CONSEOU	Hemori ENCE OF):				unic or respi	atory errest		Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause give Bilateral Pneumonia Osteoarthritis					g ceuse given	in Part i.	24e. WAS AN PERFOR 1 YES 2	MED?	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DE CAUSE DE DEATH? YES 2 NO
NA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATH	(Check only o	one)			
SIG	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		HER: Nursing Ho	ne 5 🗆 Resident	ce 6 🗆 Oth	er (Specify)			
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF I (Month, Da		28b. TIME OF INJURY	-W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE HOW II	JURY OCCUR	ED	
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF building, a	INJURY — At home rtc. (Specify)	, farm, atreet,	factory, off	DO .		CATION (Street e or Town, State)	end Number or i	Rurel Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	ER: On the best of ex								ouse(s)	and manner es stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R . 7	0 0/	1 /	//	29c. LICENSE I	NUMBER		29d. DATE SI	GNED (/	Month, Day, Yeer)
TO B	Benito S. Chan 30. NAME AND ADDRESS OF PERSON WI	M.D. D	E OF DEATH (ITEM:	27) (Type, Print)	han MI	D 2005	50		1-2	9-9	0
	Dr. Benito S. Ch			er's l	lead	Center	Sali	sbury,	Md.	218	101
0	JAN 3 0 '90	Silva David	John Janas	2.							

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	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIENI REG. NO.				
i	1. OECEDENT'S NAME (First, Middle, Last)	CRESC	in			2. OATE OF DEATH DAY	1 OGA	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH		HPLACE (State or Foreign		
	216-20-4122	1 M 2 F	Lf YRS. "	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	ZE N	ARYLANN		
DIRECTOR	9a. FACILITY NAME (If not institution, give at 75) PATA	TAPSCO DRIVE SYKESVALE						PDLL		
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATI	ON			10d. INSIDE CITY		
PIG	Maryland Carro	oll County	Syke	esville			1 YES 2 XNO			
MAL	10e. STREET AND NUMBER					10f. ZIP CODE 10g. CITIZEN				
BY FUNERAL	7511 Patapsco Drive				21784	IIC ORIGIN? (Specify Yes	U.S			
	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			if yes, spe	CE — American Indian, ck, White, atc. City: White					
TED	15. DECEDENT'S EDUC (Specify only highest grade		18e. DECEDENT'S U	rk done during mos	N at of working	18b. KIND OF BUS	INESS/INDUSTRY			
LET	Elementery/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use	rity Gua	ard	Secur	itv			
COMPL	17. FATHER'S NAME (First, Middle, Last)	<u> </u>	Decou	ricy out		ME (First, Middle, Maiden				
ш	Louis Cressin				Anna	?				
TO B	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town				
F	Anna Mae Cressir	n e	7511 P	atapsco	Drive S	ykesville,				
	20e. METHOD OF DISPOSITION 1 M Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Holly Hill Mem. Gain									
	21. SIGNATURE OF FUNERAL SERVICE LIC	0			D ADDRESS OF FA		(D 0	DOV 105)		
	Drian &	· Haight		Syke	sville,	MD 21784 (301)-795	BOX 195) 5-1400		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
IL CERT	PART II. Other significant condition	d	ut not resulting in	tha undarlying	g cause given in	Part I. 24a. WAS AN		No. WERE AUTOPSY FINDINGS		
MEDICA							(D) NO	COMPLETION OF CAUSE OF DEATH?		
IAN	25. WAS CASE DEFERRED TO MEDICAL			26. PI	ACE OF OEATH (Ch	neck only one)				
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER: 4 - Nursing Hom	e 5 Residence	6 Other (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26e. OATE OF INJURY (Month, Day, Year)	26b. TIME INJU	JRY WC	URY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUREO			
	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify)						Il Route Number,			
COMPLET	(Original Orin)	ICIAN: To the best of my knowl						e(s) end manner as stated.		
BE	296. SIGNATURE AND TITLE OF CUSTIFIE	10 lope	MD.		29c. LICENSE NUI	MBER -QL	29d. DATE SIGN	EDy(Month, Day, Year)		
10	30. WAME WHE ADDRESS OF PERSON WITH	WF 1.LIO	ATH (ITEM 27) (Type, ERM.	Print)	902 4	MSS JOUL	TOR!	KOAD.		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRARE SIGN.	Davidson-R	indell.	44.4					
_				-						

OECEOENT'S NAME (First, Middle, Last)									TE OF OEATH	DAY	YEAR	3. TIME OF OEATH
Margaret	М.		nlon						in. 26	, 1990)	1 p
SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER	24 HRS.	(M	TE OF BIRTH		8. BIRT Coun	HPLACE (State or Foreigns)
577-60-2405	1 M 2 F	77	YRS.	woming.	DATE	noons		Ju	ne 27,	1912	Was	hington,
e. FACILITY NAME (If not institution, give st				9b. CITY		R LOCATIO		EATH		9c. CO	UNTY OF	
5606 Newington	Rd.				Bet	hesd	a				Mon	tgomery
0e. STATE 10b. COUNTY	lontgomer	^37	10c. CIT	Y, TOWN C		on Bethe	ocda					10d. INSIDE CITY LIMITS?
00. STREET AND NUMBER	lonegomen	- y				. ZIP COO				40 - 00	TITEN OF	1 N YES 2 □ NO
5606 Newington	Rd.				100	. zir cooi		208	16		U. S	
1. MARITAL STATUS		IT EVER IN U.S.	ARMEO	13.	WAS OEC	ENOENT C	OF HISPA	NIC ORI	GIN? (Specify		14. RAC	E — American Indian.
1 Nover Merried 2 Merried FORCES? 1 YES 2XXNO						ecity Cuba 2XXNO			to Rican, etc.)		Spec	ck, White, atc. White
15. OECEOENT'S EDUC (Specify only highest grade			OECEOENT'S (Give kind of				20		16b. KINO OF	BUSINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT us	se retired.)					U.S.	Cover	nmon	+
12	5 +		Execut	cive	Ass:	ıstar	nt		0. 0.	GOVEL	men	-
7. FATHER'S NAME (First, Middle, Last)	01	C				18. MOTI	HER'S NA	-	st, Middle, Maid		3.6	1
Charles J.	Conlor								oseann			ade
9e. INFORMANT'S NAME (Type/Print)	т								umber, City or			
Charles J. Conlor								_	esda,	MD 20	816	
Na METHOD OF DISPOSITION Burlet 2 Cremetton 3 Reme	oval from State	20b. PLAC other	ce of oispo	sition (Na te of						S11370		ring, MD
Donation 5 Other (Specify)	ENSEY											
> Veinest	Emm	An 1.	1						Josep	n Gaw		s Sons
		ベール		51	30 1	Wisco	onsi	n A		shing	ton,	DC 20016
23. PART I. Enter the diseases, on	or pilcations the	at caused the	death. Do						v., Wa			Approximate
ahock, or heart failure.	or plications that only one can	nt caused the use on each ii	ne.	not entar	tha mo	da of dy	Ing, suc	ch aa g	v., Wa			
ahock, or heart failure. MMEDIATE CAUSE (Final disease or condition	on plications that only one can	at caused the use on each il	ne.		tha mo	da of dy	Ing, suc	ch aa g	v., Wa			Approximate interval Bets
ahock, or heart failure. MMEDIATE CAUSE (Final	only one can	at caused the use on each il	ne.	not entar	tha mo	da of dy	Ing, suc	ch aa g	v., Wa			Approximate interval Bets
ahock, or heart failure. MMEDIATE CAUSE (Final disease or condition resulting in death)	only one can	use on each II	ne.	not entar	tha mo	da of dy	Ing, suc	ch aa g	v., Wa			Approximate interval Bets
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TO BE COMPLETED BY FUNERAL DIRECTOR

03-3146

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funeral d		tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner most be notified
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After	death	. ша
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Lest)	(-	Ker	^		2. DATE OF OEATH MONTH DA	L 16	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 436-60-2981	5. SEX 6. AGE (In yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give	49	44	9b. CITY, TOWN	OR LOCATION OF DE	9-27-194 ATH	9c. COUNTY	Louisiana of DEATH
Joseph Ritchi	e Hospital		Bal	Ltimore		F	Baltimore
Maryland An	ne Arundel		TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 XNO
100. STREET AND NUMBER	ne arunder	P	asadena 101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
146 Teal Driv	e Pasadena		ryland	21122			S.A.
1 Never Married 2 Neverled 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, sp	ecity Cuban, Maxicar 2 TNO Specify			RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondary (0-12)		(Give kind of life. Do NOT u		est of working	16b. KIND OF BUS		
12+ 17. FATHER'S NAME (First, Middle, Lest)		Con	sultant				er Industry
	kern				ME (First, Middle, Maiden Ethel Ca		***
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street a		loute Number, City or Town	Ssanc	
Mrs. JoAnne P	. Corkern		146	Teal D	rive Pas	adena	MD 21122
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING	a. OUE TO (OR AS A	CONSEQUENCE CONSEQ	DF): Avv	nda of dying, such	a as cardiac or reapi	ratory arrest	Approximate Interval Between Onset and Death MINUTE 2 975
CAUSE (Disease or Injury that initiated events resulting in death) LAST	13 1	CONSEQUENCE OF	01/				10475.
PART II. Other algolificant condition	na contributing to death b	ut not resulting	In the underlyin	g cauae given in	Part I. 24e. WAS AN PERFOF	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Outp	atlent 3 DOA	OTHER:	LACE OF DEATH (Che		Hes	bice
27. MANNED OF DEATH 1 Netural 5 Pending 2 Accident Investigation			M 1	PURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUP	ED
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, offic		281. LOCATION (Street and City or Town, State)	and Number or	Rural Route Number,
onel	SICIAN: To the best of my know						
296. SUGMETTINE AND TITLE OF CONTINUE)		DOSG			IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF EASON &	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	e, Print)	8 N.E	- 4 taws	Y. 13a	Ho Masso,
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE 70	0				

E8 6 1990 900 Action France

10e. STATE

Maryland

11. MARITAL STATUS

10e, STREET AND NUMBER

1 Never Merried 2 Merried

Elementery/Secondery (0-12)

8

3 X Widowed 4 Divorced

DIRECTOR

FUNERAL

BY

6

PLET

4. SOCIAL SECURITY NUMBER

212-36-2563

DOROTHY

9e. FACILITY NAME (If not institution, give street end number,

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

DAYS

Annapolis

HOURS

101. ZIP CODE

1	E	Wheatly Wheel	er				Rose	- ' '	
医细草	100	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING AD	DRESS (Street	and Number or Rural		
5 pto	5	Christie V. H	andv		960	Runni	ng Broo	k W	av.
octor, page must be		20a. METHOD OF DISPOSITION 1		other ple	OF DISPOSITION		metery, cramatory or		20c,
death. Page tuneral de l. examiner		21. SIGNATURE OF EUNERAL SERVICE LA	CENSEE	colp)	Tayl	NO ADDRESS OF FA Or Fune Glouces	ral	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, shours after DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removation. The state has the property or other traumatic event, the medical item. 28 is marked, or item. 23 shows any injury, or other traumatic event, the medical	MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition ATherms sclero.	a. Metast DUE TO (OR DUE TO (OR OUE TO (OR OUE TO (OR d.	AS A CONSEC	DUENCE OF):	rcino	ма		24a. WAS PER 1 UYE
has been Dept. of I	AN: N								
The tite ha	ᄓ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10	26. P	LACE OF DEATH (Ch	eck only or	ne)
SICIAN: The certificate the State in the State	S	1 TYES 2 NO	1 Inpetient 2 I ER	/Outpatient 3			ne 5 🗆 Reeldence	8 🗆 Othe	er (Specify)
NG PHYSIC fler this ce eath with ti marked,	ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day, Y		28b. TIME O	Y W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE HO
OR ATTENDING DIRECTOR: After hours after death tem 28 is mai	TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — At ho (Specify)	ma, farm, atre	et, factory, offi			CATION (St or Town, S
西京日	COMPLE	anal and	ICIAN: To the best of my ER: On the basis of exami						
THE HOSPI THE FUNER filed within PORTANT:	Ш	296. SIGNATURE AND TITLE OF CERTIFIE	P//				29c, LICENSE NU	MBER	
THE OF THE PORT	8	Charles Wi	Kme				2059	28	
	10	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	M D	M 27) (Type, Pr	3-A F	orest Dr	A	ing p
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE			,		1

Tulia Davidson-Bindall

CHRISTENSEN

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO

IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

1 M 2 M

Anne Arundel

Pleasant Living Convalescent

10b. COUNTY

431 Burnside Street

15. DECEDENT'S EDUCATION (Specify only highest grade complete

6. AGE (In yrs. last birthday)

Center

YRS.

97

2. DATE OF OEATH MONTH 3. TIME OF DEATH YEAR 4, Feb. 1990 A. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Feb. 14, 1892 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH Edgewater Anne Arundel 10d. INSIDE CITY 1 X YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? 21403 U.S.A. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
if yes, specify Cuben, Mexicen, Puerio Ricen, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. White 18b. KIND OF BUSINESS/INDUSTRY Public Works Dept. State of Maryland den Sumame) um Town, State, Zip Code) Annapolis, MD 21401 LOCATION -- City or Town, State Annapolis, MD pel 21401 Annapolis, MD spiratory arrest, **Approximeta** intervai Between Onset and Death 6 months 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO AN AUTOPSY COMPLETION OF CAUSE OF DEATH? S 2 NO 1 YES 2 NO OW INJURY OCCURED reet end Number or Rural Route Number, tate) manner ee stated. , end due to the ceuse(e) end menner en stated. 29d. DATE SIGNED (Month, Day, Year)

DHMH-18 Ray 1/89

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THE STAR STAR		D. J. Traff

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

			Clark, S						2. DATE OF DEATH January			3. TIME OF DEATH 5:00 pm
	4. SOCIAL SECURITY NUMBER 214-42-0938	5. SEX	6. AGE (In yrs. last	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	Sept.	1943	6. BIRTI	PLACE (State or Foreign Y)land
TOR	9a. FACILITY NAME (If not Institution, give st 21434 Greenbrier					nsbo	OR LOCATIO	ON OF DE	EATH	277	ashington	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Washi				y, town o		ATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 21434 Greenbrier					101. ZIP CODE 21713				S.A.	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorcad	NT EVER IN U.S. AR IN YES 2 N WAR OR DATES) - 1/ Fe	10		If yes, sp			NIC ORIGIN? (Specify in, Puarto Rican, etc. y:		14, RAC Blac Spec	E — Americen Indien, k, White, atc. //y: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		+) (Gi	cedent's the kind of Do NOT u	se retired.)	CCUPATIK during mo	ON ost of workli	ng	16b. KIND OF	BUSINESS/IN		
COM	17. FATHER'S NAME (First, Middle, Lest)	-ala Cas					100		ME (First, Middle, Mai			
BE	William Earl Cla	rk, Sr.	198	b. MAILING	ADDRES	S (Street)			I. Marsh		in Code)	
10	Mary E. Clark								Boonsbo			13
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	sition (Mi	me of ce	metery, crem	natory or .st (LOCATION - yersvi		wn, stata Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIC	D Re	bett				nd addre					Street e, MD 21773
	23. PART I. Enter the diseases, or canock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one ca	use on each ling	3/1/	e c				inal adv			Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	c	O (OR AS A CONSEC									
	PART II. Other aignificant condition	s contributing to	o death but not r	resulting	in the m	nderivin	C CRILING	alven in	Part I 24a Will	AN AUTORSY	241	. WERE AUTOPSY FINDINGS
N: MEDICAL							9 00000	givon	PEF	FORMED S		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	neck only one)			
IXSI	1 TYES 2 NO 27. MANNER OF DEATH		ER/Outpatient 3	DOA 286. TIR	4 🗆 Nu	rsing Hon	JURY AT	esidence	6 Other (Specify)	and the Wallest Co.	0.00 cm mm	
ВУ РР	1 Natural 5 Pending 2 Accident Investigation		Day, Year)	IN	JURY M	WC	YES 2] NO	26d. DESCRIBE HO	W INJUHY O	CURED	
ED	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE building	OF INJURY — At he i, etc. (Specify)	ome, ferm,	street, fac	tory, offic	ca .		28f. LOCATION (St. City or Town, S		er or Rurai	Route Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE								n to the cause(a) and time, date and place			a) and manner as stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIES	la pro					29c. LIC	ENSE NU	MBER 5679	29d. DA	TE SIĞNE	D in, Day, Ybar)
10	R. Lawrence Kugl	er, M.D.	P. O.	BOX	246	Keed	lysvi	lle,	Marylan	1 2175	6	
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE									

wurs after death. Page 6 may be reamed by e hospital or attending physician. in by the funeral director, enge 6 should be lacked for use as the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, WARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a boce. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. The the death. Page 6 TO THE FUNERAL ONECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hydlene prior to burial, cremation, or removal.

DHMH-16 Rev 1/89

ospital or attending physician.	ched for use as the burial-transit permit. Pages 1, 2, 3 should		all tince.
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 25 hours after death. From the many control of the Hospital Control of the control of the Hospital Control of the Hospi	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeri	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be defined a

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE MARKEAND 21203-3146

1. DECEDENT'S NAME (First, Middle, Last) Pasquale Capt								2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	A ACE (In	forms brings along	er immer	R 1 YEAR	Lecture	R 24 HRS.	Jana 7. DATE OF BIR	31	31 1990 10:35 H 8. BIRTHPLACE (State or	
218-05-6435	130 M 2 F	6. AGE (In yrs. 70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	Year)	Cour	
Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH					9c.	COUNTY OF	DEATH
Washington Coun	ty Hospi	tal		I	lage:	rsto	vn			Washi	ngton
10a. STATE 10b. COUNT	Υ		10e. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
Penna. Fra	anklin		Way	mesk	oro						1 TYES 2 NO
10. STREET AND NUMBER 29 N. Church St.				101, ZIP CODE				10g. CITIZEN (WHAT COUNTRY?
				17268						U.S.A	
11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NOT IF YES, GIVE WAR OR DATES			ARMED NO	13.	If yes, s	pecify Cub		IIC ORIGIN? (Spe n, Puerlo Ricen,		Bla	CE — American Indian, ck, White, etc.
15. DECEDENT'S EDI	JCATION	16a.	DECEDENT'S					16b. KIND	OF BUSINES	SS/INDUSTRY	
(Specify only highest grad	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	during m	ost of work	ing	0	0.1.	,	
Unknown 17. FATHER'S NAME (First, Middle, Last)			Manag	er	_				afeter		
Anthony Capuar	10							ME (First, Middle, Milite		ame)	
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street	and Numbe	or or Rural F	Route Number, City	y or Town, Sta	nte, Zip Code)	
Mrs. Nancy C. Da	kehart							nesboro			68
20a METHOD OF DISPOSITION 148 Burial 2 Cremation 3 Rar		20b. PLAC	CE OF DISPO	SITION /N	lame of co	ametery co	metory or			ON — City or	Town, State
1-6 Buriel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from Stata	_ St	place) And	rew	Cem	eter	T		Wayne	sboro	. PA
21. BIONATURE OF FUNEBAL SERVICE 1.			Gro	ve Fi	coad	1 Home, St., Wa	ynest	oro,	PA 17268		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING				sis						
that initiated events resulting in death) LAST		o (OR AS A CONS		N-):							
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EXAMINER?	HOSPITAL:	□ en/o	2 🗆 200	OTHE	R:			eck only one)			
27. MANNER OF DEATH	1 & Inpatient 2		3 U DOA		*	me 5 🗆 I	Residence	8 Other (Spe 28d, DESCRIBI	.,	RY OCCURED	
1 Netural 5 Pending 2 Accident Investigation	(Month,	Day, Year)		JURY	W	YES 2	□ NO	200. DEGONIBI	L TOW INJU	OCCORED	
3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE building	OF INJURY — Af g, atc. (Specify)	home, farm,						N (Street and Number or Rural Route Number, wn, State)		
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN											e(s) and manner as state
29b. SIGNATURE AND TITLE OF CERTIFI				,	111111111111111111111111111111111111111						
Cli Roya,	mg						CENSE NUI			1 -:	37-90
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH (TEM 27) (Typ	e, Print)		7	1	HOCP	2+01	1/2-	ER STOWN
31. DATE FILED (Month, Par Your)	FRICE COL	MARIE SIGNATIVA	ndell	, ,04			7		,,,,,	11116	EKSIEWI

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REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	100		CERTIF	JOAN	_ 01-	DEA	.,,,,		DATE OF D	EG. NO.		YEAR	3. TIME OF DEATN
Ire	ne E.	Curry								Feb.	1	199	0	9:20 p
4. SOCIAL SECURITY N		5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER	DAYS	IF UNDE	R 24 HRS.	1	Month, Day	(Year)		8. BIRT Coun	NPLACE (State or Foreign stry)
200-22-6	531	1 M 2 F	72	YRS.	MONTING	- SAITS	HOUNG		M	arch	29,	1917	P	enna.
9a. FACILITY NAME (II II					9b. CIT			TION OF D						
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RESIDENCE OF D	· ·	10c. CITY, TOWN OR LOCATION												10d. INSIDE CITY
Penna.	Fra	nklin		Wa	ynesi	ooro								LIMITS?
10e. STREET AND NUME		101. ZIP CODE									10g. CITI	ZEN OF	WHAT COUNTRY?	
246 Wayn	e Ave.										U.S	. A.		
11. MARITAL STATUS							NIC O	RIGIN? (Sp	ecify Yee			CE — American Indian, ck, White, atc.		
1 Never Married 2		FORCES?						oan, Maxic Speci		arto Rican,	, atc.)			
3 Widowed 4	Divorced												W.	hite
	DECEDENT'S EDI		16	a. DECEDENT'S	work done	during me	ON ost of work	king		16b. KINI	D OF BUS	INESS/IND	USTRY	
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Unkno	WID.			S	elf-	Lqms	oyed			Sea	ımstı	ress		
17. FATNER'S NAME (Firs	_									First, Middle				
	Green			,							-	swort		
19e. INFORMANT'S NAM				19b. MAILIN										
Charles F								-	_	oro,		172		
20a. METNOD OF DISPO		noval from State	Of	her place)									,	Town, State
4 Donation 6 0		anna A		Green		_		~			Ms	lynes	por	o, PA
21. SIGNATURE OF FUN	SHAL SERVICE L	CONST					ND ADDR							
	19.2 1.11	10				FOV	e Fu	nera	1	Home.	Inc	3.		
IMMEDIATE CAUSE	or heårt fallure (Finel	. List only one ca	use on each	1 line.	not ente	Frov	e Fu Br	nera oad lying, su	St.	Home,	or respi	ratory sri	rest,	Approximate interval Betwee Onset and De
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DIVISION OF VITAL RECORDS, F.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 not	DIRECTOR: After this certificate has been signed by the attending physician and completely filled
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REGISTRAR	STATE OF MAIL	LAND / DEPARTM CERTIFIC			TENTA	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	Inga muam				MONTH			EAR	TIME OF DEATH
Veronica Abatol						uary 2			2:30 P
SOCIAL SECURITY NUMBER	5. SEX 6. AG	MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH		BIRTHPL Country)	ACE (State or Foreign
218-13-1611 a. FACILITY NAME (If not institution, give	- 1	50	OUTY TOWN O	R LOCATION OF DE		y 9, 19		eru	T1.
					AIR		9c. COUNTY		
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7. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA			urname)		
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Da. INFORMANT'S NAME (Type/Print)	11000			nd Number or Flural i	noute Numi	ber, City or Town,	State, Zip Co	de)	
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□ Buriel 2 □ Cremation 3 □ Re □ Donation 5 □ Other (Specify) _	emoval from Stata	other place) Gate of Hea							
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	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. te	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF			S. BIRT	HPLACE (State or Fore
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or	9a. FACILITY NAME (If not institution, give			-5			R LOCATIO	N OF DE	ATH		100	UNTY OF	GEORGES 1
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品	15. DECEDENT'S ED (Specify only highest grad		16a. D	ECEDENT'S	S USUAL OC work done d	CUPATIO	N et of working	,	16b. K	IND OF BU	SINESS/IN	DUSTRY	W.12 00
巨	Elementary/Secondary (0-12)	College (1-4 or 5 +	-)	le. Do NOT u	ise retired.)		or or working						
COMPL		4	Bus	sines	s Wom	an				nvest			
-	17. FATHER'S NAME (First, Middle, Last) Blomer Melton								ME (First, Mic Smith	idie, Maiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		I	ISIS MAII IN	G ADDRESS	/Street a				City or Tou	m State 7	Zin Codel	
2	Robert W. Muma.	Jr.		_	as 1		rumper	UV THAT BY	SAN THURS	, ony or row	, GIERE, Z	-10 000e)	
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	21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE					D ADDRES						
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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DHMH-18 Rev 1/89

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last)	HOMAS		CHANG	7	2. DATE OF DEATH	may 1	3. TIME OF DEATH 1:35AM
	4. SOCIAL SECURITY NUMBER N/A	5. SEX 6.	AGE (In yrs. lest birtnde	y) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	7) 8	BIRTHPLACE (State or Foreign Country) MARYLAND
S RO	98. FACILITY NAME (If not institution, give Montgomery Gene		tal		OR LOCATION OF D		9c. COUNT	gomery County
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT MARYLAND	MONTGOMER		CITY, TOWN OR LO	R SPRING			10d. INSIDE CITY LIMITS? 1 YES 2 NO
VERAL	14628 SANDY RIDG	E ROAD			20904		10g. CITIZE	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Selever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	YES 2 TNO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 XNO Speci	an, Puarto Rican, etc.		4. RACE — American Indian, Black, White, atc. Specify: CHINESE
IPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) N / A		(Give kind	T'S USUAL OCCUPA of work done during If use retired.)		16b. KIND OF	BUSINESS/INDUS	
BE COMPL		ANG			ALICE	S. KWA	AN	
4		ANG	14628	8 SANDY	RIDGE ROA	D, SILVE		G, MARYLAND
INOR MUSI	20s. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Red 4 Donation 5 Other (Specify)		other place)	HEAVEN 22. NAME	CEMETERY AND ADDRESS OF F	SI	ILVER SE	RING, MARYLAN
Cal exam	23. PART I. Enter the diseases, pr	S()	aused the death D	500		Y BLVD.,	W., SII	SP. MD 209
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MEDICAL CE	PART II. Other algnificant condition	one contributing to de	eeth but not reaulti	ng in the underly	ing cause given in	PEF	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only one)		
× ×	27. MANNER OF DEATH 1. Statutal 5 Pending Investigation	28a. DATE OF IN (Month, Day,		TIME DF 28c.	ome 5 Residence INJURY AT WORK? YES 2 NO	6 Other (Specify) 28d, DESCRIBE Ho		JRED
ED 2	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF I	NJURY — At home, far c. (Specify)	rm, street, factory, o	ffica	261. LOCATION (St City or Town, S		r Rural Route Number,
COMPLET	Crieck Only	SICIAN: To the best of m						d. cause(a) and menner as stated.
TO BE COM	29b. SICHATURE AND TITLE OF CEILING	Malin	OF DEATH WATER 2	Time Print!	29c. LICENSE NU		29d. DATE	\$IGNED (Month, Day, Year) 1-23-90
1	JULIA C. GOO	DIN,MD			Penn Str	eet,Balt	imore,M	21201
1	JAN 26 '90	32. REGISTRAR	s signature Devidson-Ron	della				

E	E	69	28	Пет	=	IMPORTANT: If Item 28 is mari	POR	E	-1
	leath	5	afte	hours	2	within	Fled	2	+
-	After		30	DIREC	A	TO THE FUNERAL DIRECTOR: After to	뿚	2	0
0	ING	9	E	OR A	M	TO THE HOSPITAL OR ATTENDING P	포	2	2
	-	2	0						

Paul	ist)							2. DATE OF	DEATH	γ	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	K. Curi	4						OI	2)	1	90	7:10 p
	5. SEX	6. AGE (In yrs		IF UNDER	DAYS	HOURA	MIN.	7. DATE OF E (Month, Da	ly, Year)		Count	
216 44 9567	1 M 2 F	79	YRS.						23,1			nsylvania
9s. FACILITY NAME (If not institution, gir				9b. CITY,	TOWN	OR LOCATI		EATH			NTY OF E	
MONTGOMREY GENE		TAL				OLNE	ĭΥ			INOM	GUME	KI
10e. STATE 10b. COU			10c. CIT	Y, TOWN O	R LOCA	TION						10d. INSIDE CITY
Maryland Mon	tgomery		S	ilver	- Sn	ring						LIMITS?
10e. STREET AND NUMBER	regomery			TIVEL	-	1. ZIP COD	E			10a, CITI	ZEN OF V	WHAT COUNTRY?
15301 Wallbrook	Court #1.	-E				2090	6					States
11. MARITAL STATUS	12. WAS DECEDEN		ARMEO	112 1	MAS DE			NIC ORIGIN? (S	nacify Vac			
1 Never Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1	YES 2 MAR OR DATES WII	□ NO	- 11	f yes, sp		in, Mexics	n, Puerto Ricer		UI NO	Spec	E — American Indian, k, White, etc. Hy: Thite
15, OECEOENT'S E	EDUCATION	168	DECEDENT'S	USUAL OC	CUPATI	ON		18b. KIN	D OF BUS	INESS/INC	USTRY	-
(Specify only highest gi	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	aunng me	ost of world	ng					
12	_		Print	er				G	.P.O			
17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Midd	lle, Malden	Sumeme)		
Roy S. Curry						Je:	nnie	Hunt	er			
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street	and Number	r or Rural	Route Number, (City or Town	n, State, Zic	Code)	
Charles McCros	sin											d 20783
209. METHOD OF DISPOSITION		20h PL	ACE OF DISPO	SITION /No	me of co	metery cres	melnov or		-	_		own, State
1 🖾 Buriel 2 🗌 Cremetion 3 🗆 F	Removal from State	othe	er place)	n Dwo	ah	t - 20 2	Ch	urch			-	The same
4 Donellon 5 Other (Specify)	LICENCEE	Dali	nestow									Maryland rev Funera
WAS DZ	A	MOO	0689	Ho	me/	Rock	vill	e, Inc	. 300) Wes	st M	ontgomery 50~2805
resulting in death)		7		1			1					72 45
Sequentially list conditions, if any, leading to immediate	Penelin Penelin DUE TO DUE TO DUE TO	O (OR AS A CON O (OR AS A CON O (OR AS A CON	tic C	er of	An N	tic scul	an	Dries.	Ent	30	livi	. Vudetem:
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	c. Aftero	SCLC 19	F.C. CONSEQUENCE OF	erido	in	scul	in	Disease	a. WAS AN	AUTOPSY		30 Jeors
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daath) LAST PART II. Other significant conditions of the condition of the conditions	d	SCLC 19	F.C. CONSEQUENCE OF	erido	o' ~~c	ng causa	given in	Part 1. 24	a. WAS AN PERFOR	AUTOPSY IMEO?		D. WERE AUTOPSY FINOIR AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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Sequentially list conditions, if any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions of the condition	d. L HOSPITAL: 1 Fingatient 2 28e. OATE O (Month, 1) be be building	O (OR AS A COR death but n ER/Outpatier	NSEOUENCE CO	OTHER	26. PR: sing Hor 28c. IN W	Ing Causa LACE OF E THE 5 R JURY AT ORK? YES 2 [given in	Part I. 24. 1 1 neck only one) 8 Other (S/ 28d. DESCRI	a. WAS AN PERFOR	AUTOPSY IMEO?	24I	D. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
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3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI		TMENT OF H			YGIENE EG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)	Howard pg.	Copela	ind Sr.		2. DATE OF E	-23×90	YEAR	3. TIME OF DEATH
	579-09-5568	1XXX 2 □ F 76	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	13 13		PLACE (State or Foreign ryland
HOH	9a. FACILITY NAME (If not institution, give street The control of the control of	of and number)	Hosp		ville	ATH	9c. COUN		gomery
DIREC	10a. STATE 10b. COUNTY	tgomery		y, town or Local Saither:					10d. INSIDE CITY LIMITS? 1 YES 2XM0
FUNERAL	100. STREET AND NUMBER 11912 Fernshir	e Road		101	zip code	878	10g. CITIZ		VHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DAT	23/10	If yes, sp	ENOENT OF HISPAN ecity Cuban, Mexicar is 2 XNO Specify	n, Puarto Ricar	pecify Yea or No— I, atc.)	14. RACE Black Specif	- American Indian, White, atc. W Black
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementery/Secondary (0-12) 7th	College (1-4 or 5+)	(Give kind of the Do NOT us		on ost of working Operator		D OF BUSINESS/INO	USTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) William H. Cog	peland			Rose	anna	e, Makden Sumame) Simpsor		
2	19a: INFORMANT'S NAME (Type/Print) Constance Fra:	zier (Daug)) 6708	Applew	wood P1.	Rocke Number, C	Ckville,	Code) MD	20855
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	cal from State (other place)	SITION (Name of cer n Memor	metery, cremetory or rial Par	ck	Rockvi]		
	EXPERIENCE OF FUNERAL SERVICES	hande	~	Snow	nd address of faction Fune Tille, M	eral H	Home, P.	Α.	
	23, PART I. Enter the diseases, or co	mplications that caused	Att of the man						
	shock, or heart fellure Li IMMEDIATE CAUSE (Final	let only one ceuee on eec	ch line.			h as cerdiec	or reepiratory arr	est,	Approximete Intervei Between Onset and Death
	shock, or heart fellure Li	Septic	consequence o	Per	itoniți	s cerdlec	or reepiratory arr	est,	Intervei Between
ALION	shock, or heart fellure Li iMMEDIATE CAUSE (Final diaeese or condition	Septic	consequence of	Per n:)	itoniți	h as cerdlec	or respiratory arr	est,	Onset and Death
ERITICATION	shock, or heart fellure Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Septice DUE TO (OR AS A C	CONSEQUENCE O	Per n: Per ancreat	itoniți	h as cerdlec	or respiratory arr	est,	Onset and Death
MEDICAL CERTIFICATION	shock, or heart fellure Li IMMEDIATE CAUSE (Final diaeese or condition resulting in death) Sequentielly list conditione, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury thet initiated events	DUE TO (OR AS A C	CONSEQUENCE O	Per n: Per ancreat n:	itoniti itas fis	94. Part i. 24s	A. WAS AN AUTOPSY PERFORMEO? YES 2 ANO		Onset and Death
MEDICAL	shock, or heart fellure Li IMMEDIATE CAUSE (Final diaeese or condition resulting in death) Sequentielly list conditione, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significent conditione	DUE TO (OR AS A C	CONSEQUENCE O	Per P: P: P: In the underlyin	it on it i	Part i. 24e	I. WAS AN AUTOPSY PERFORMEO? YES 2 X NO		intervel Between Onset and Death / w /c 3 w /s WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	shock, or heart fellure Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditione, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A C	CONSEQUENCE O	Per Per Pi: Pi: Pi: Pi: Pi: Pi: Pi: Pi: Pi: Pi:	itoniți	Part i. 24s 1 [eck only one) 6 Dother (Sp	I. WAS AN AUTOPSY PERFORMEO? YES 2 X NO	24b.	intervel Between Onset and Death / w /c 3 w /s WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
D BY PHYSICIAN: MEDICAL	immediate cause (Final diaeese or condition resulting in death) Sequentielly list conditione, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury thet initiated events resulting in death) LAST PART II. Other algnificent conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A CONTRIBUTION OF PITAL: 1 Impettent 2 ER/Output 2 20. DATE OF INJURY	CONSEQUENCE O CONSEQUENCE O CONSEQUENCE O t not resulting	Per Per Per Per Per Per Per Per Per Per	g cause given in LACE OF OEATH (Che no 5 Realdence JURY AT ORK? YES 2 NO	Part i. 24e 1 [eck only one) 6 Descrii 28d. Descrii 28f. LOCATIO	I. WAS AN AUTOPSY PERFORMEO? YES 2 NO	24b.	intervel Between Onset and Death W C 3 W K WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
D BY PHYSICIAN: MEDICAL	shock, or heart fellure Li IMMEDIATE CAUSE (Final diaeese or condition resulting in death) Sequentielly list conditione, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST DART II. Other significent conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural 5 Pending 1 Persetigation 3 Suicide 6 Could not be determined	DUE TO (OR AS A CONTributing to deeth but in imperient 2 ER/Output 28e. DATE OF INJURY (Month, Dey, Year)	CONSEQUENCE O CO	Per (F): 28. P OTHER: 4 Nursing Hon AE OF 28c. IN. MY M 1 atreet, factory, officered at the time, date	g cause given in LACE OF OEATH (Cha	Part i. 24s Part i. 24s 1 [ock only one) 6 Descrit 2er. Locatio City or Re to the cause(s	in. Was an Autopsy Performeo? Performeo? YES 2 Ano Decity) BE HOW INJURY OCC IN (Street and Number win, State)	24b, CURED or Rural R	intervel Between Onset and Death W 3 W 3 W WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	shock, or heart fellure Li IMMEDIATE CAUSE (Final diaeese or condition resulting in death) Sequentielly list conditione, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST DART II. Other significent conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural 5 Pending 1 Persetigation 3 Suicide 6 Could not be determined	DUE TO (OR AS A C DUE TO (OR AS	CONSEQUENCE O CO	Per Print Pr	g cause given in LACE OF OEATH (Che ne 5 Residence JURY AT JORK? YES 2 NO re e and place, and dua death occured at the	Part i. 24e 1 [ock only one) 6 Other (Sp 2er. LOCATIO City or 7c to the cause(s time, date end	PRES 2 NO OBERTON MEO? YES 2 NO OBERTON MODERN NO. (Street and Number with, State) In (Street and Number with, State) In and menner ea atat place, and due to the	24b. CURED or Rural F. ed. e cause(s	intervel Between Onset and Death W 3 W 3 W WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO

32. REGISTRAR'S SIGNATURE

Julia Davidson Randoll



31. DATE FILED (Month, Day, Year)

JAN 25 '90

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIF	ICATE O	F DEATH	REG	. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH DAY		3. TIME OF DEATH
Frank N	V. Cerimel	.e			MONTH		990	7:40AM
578 01 9148	5. SEX 6. AG	E (In yrs. last birthday) 6 YRS.	MONTHS DAYS		7. DATE OF BIRT	TH	8. BIRT	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOW	OR LOCATION OF D	EATH	9c. CO	UNTY OF	
Holy Cross Hos	pital			er Spring				gomery
10a. STATE 10b. COUNTY	1	10c. CI1	TY, TOWN OR LO	CATION				10d. INSIDE CITY
Maryland Mon	tgomery	Si	lver Sp	ring				LIMITS?
9518 St. Andrew	s Way			20901		1	JSA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OR	S 2 X NO	If yes,	ecendent of Hispa specify Cuban, Maxic ES 2 NO Speci	an, Puarlo Rican, a	Ify Yes or No— Ic.)	14. RAC Blac Spe	E — American Indian, ck, White, atc. White
15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DECEDENT'S	Work done during	TION most of working	16b. KIND (F BUSINESS/II	NDUSTRY	
Elementary/Secondary (0-12) 1/8	College (1-4 or 5+)	Plumb			Met	ro Syst	tems	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, A	faiden Surname)		
Gus Cerimele				Mary	M. Mas	sino		
196, INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street	at and Number or Rural	Route Number, City	or Town, State, 2	Zip Gode)	
Joseph Cerimele		9518	St. And	lrews Way	Silver	Spring	g, Md.	20901
20a. METHOD OF DISPOSITION		Ob. PLACE OF DISPO			2	Bc. LOCATION -	- City or 1	own, Stata
1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	over from State	Gate of	Heaven	Cemetery	- 0	Silver	Spri	ng, Md.
21. SIGNATURE OF FUNERAL SERVICE LA	EHILLY V	157		AND ADDRESS OF FA		800 Nev	v Ham	pshire Ave
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Mulder Due TO (OR AS	y be	hageal	hass fictu	le			5 days
PART II. Other significant condition Long - Stands			-	ing cause given in	P	AS AN AUTOPS ERFORMED? /ES 2 NO	Y 24	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only one)			
1 TYES 2 ANO	1 Inpatient 2 ER/O		4 Nursing H	ome 5 🗆 Residence		**		
27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		JURY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE	HOW INJURY O	CCURED	
3 Suicide 6 Could not be determined	26e. PLACE OF INJU building, atc. (S	RY — At home, farm, pecify)	street, factory, o	fica	281. LOCATION (City or Town		ber or Rural	Route Number,
Land.	CIAN: To the best of my kn							(s) and mennar as steted
29b. SIGNATURE AND TITLE OF CERTIFIE	Mudelela	(het		29c. LICENSE NU	MBER 2338	29d, D.	ATE SIGNE	D (Mgnth, Day, Year)
Dr. Richard De	laney 4323			er Spring	Md			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	MATURE Andel						

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	physiciar	burial-tra	
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	oital or a	d for us	
	the hos	detache	once.
	tained by	should be	tiffed a
	HYSICIAN: The law requires that the death certificate be executed within Zª nours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	in the state bety, or nearly and mental regions prior as beneat, beindoon, or enrova ad, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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	r death.	he funera	examir
	ours afte	d in by th	fifth the State Dept. Of regels and worker hygiere prior to boriet, certainly, of periods, or Item 23 shows any Injury, or other traumatic event, the medical ex
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	d within	mpletely	event,
	execute	in and co	umatic
	ificate by	physicia	ther tra
	leath cert	attending	ry, or of
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	requires t	en signe	shows a
	The law	te has be	ие оери. вт 23 я
	SICIAN	certifica	d, or Ite
	CD.	1	DE TIED WITHIN 72 HOURS after death WITH IMPORTANT: If Item 28 Is marked
	DSPITAL DR ATTENDING	D THE FUNERAL DIRECTOR: After	m 28 ls
	TAL DE	AL DI	if Ite
	HOSPIT	FUNER	TANT:
	THE	THE	IMPO

REGISTRAR	A 47 - 12 - 12 - 12											
1. DECEDENT'S NAME (First,		lifford	М.		Cobt	0		MON.	e of death th	AY)	YEAR	1:07AM
4. SOCIAL SECURITY NUME	DER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YE	EAR IF UNDER	R 24 HRS.		th, Day, Year)		6. BIRTH	IPLACE (State or Foreign
215-50-5555		1 XM 2 - F	26	YRS.	MONTHS D	ATS HOURS	Miles.	1	or. 4.	1963		rvland
9a. FACILITY NAME (If not in Prince Geo:	rges G	reet and number) eneral Ho	ospital			everly	ION OF D	EATH			NTY OF D	
RESIDENCE OF DEC												
10a. STATE	10b. COUNTY			10c. CIT	TY, TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
Maryland	Mont	tgomery			Silve	er Spri						1 XYES 2 NO
10e. STREET AND NUMBER						10f, ZIP COD	E			10g. CITI	ZEN OF V	VHAT COUNTRY?
	3804 Ca	arter Hou					2090)4		US		
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 27		If ye	S DECENDENT (16. specify Cubi 17. YES 2 NO	nn, Maxic	en, Puario		n or No—	14. RACI Black Spec	- American Indian, k, White, etc. White
15. DEC	EDENT'S EOUC	CATION	16e. D	ECEDENT'S	USUAL OCCU	JPATION		16	b. KIND OF BU	SINESS/INC	USTRY	
Elementary/Secondary (0		College (1-4 or 5 +		e. Do NOT u	ise retired.)	ng most of worki	reg					
1-12		N/A		Lan	dscape	er			Se	elf er	nn1o	ved
17. FATHER'S NAME (First, M	liddle, Last)						HER'S N	AME (First,	Middle, Maiden			
Cl	harles	W. Cobb					Anna	M.	Wulder	k		
19a. INFORMANT'S NAME (Type/Print)		19			treet and Numbe	r or Rural	Route Nur	nber, City or Tow	rn, State, Zip		
Charle	es W. (Cobb		600	Eldrid	l Drive	, Si	lver	Sprin	g, Me	d.	20904
20s, METHOD OF DISPOSIT			20b. PLACE other p	OF DISPO		of cemetery, cre-			The state of the s	CATION -		
4 Donation 5 Differ	(Roughis)	\sim	Ğ	ate o		en Cem			Si1	ver :	Spri	ng, Md.
21. SIGNATUJE OK JUNERA	17	A Coul	11 -		22. NAI	me and addre	nald	CILITY	meral	Home		
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		Multip	t caused the dose on each lin	ıries	11	.800 N.	H. A	ve.,	Silve	r Spi	ring reat,	Approximate Interval Between Onset and Deat
IMMEDIATE CAUSE (Fit	lions,	Multip DUE TO	ole inju	uries	11	.800 N.	H. A	ve.,	Silve	r Spi	ring reat,	Approximate Interval Between
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IMMEDIATE CAUSE (Findisease of condition resulting in death) Sequentially list condit if any, leading to immerceuse. Enter UNDERLY CAUSE (Disease or Injuthet initiated avanta resulting in death) LAS PART II. Other significations.	ipns, diate ling in the line i	Multip DUE TO DUE TO OUE TO	Ole inju (OR AS A CONSI (OR AS A CONSI	Uries	11 not enter the	800 N. a mode of dy	H. A	Ve.,	Silve rdiac or reap	I AUTOPSY	24t	Approximate Interval Betwee Onset and Deat Onset and Deat were Autopsy Finding Available Paior to Completion of Cause DF DEATH?
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DHMH-16 Rav 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any state death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or teem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO						
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY XE	3. TIME OF DEATH				
	ICENT . COHE				-		0 2:00 P. M				
4. SOCIAL SECURITY NUMBER 577-60-0290	5. SEX 6. AG	E (In yrs. last birthday) 82 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yelar)		BIRTHPLACE (State or Foreign Country) INDIANA				
9a. FACILITY NAME (If not institution, give	street and number)	11 11 11	9b. CITY, TOWN O	R LOCATION OF DI	EATH	9c. COUNTY					
RESIDENCE OF DECEDENT 100. STATE MARYLAND	ospital		Silver	Spering	~	Mon	tgomery				
10e. STATE 10b. COUNT	10e. STATE 10b. COUNTY 10g. CITY, TOWN OR LOCATION										
	MONTGOME	RY		BETHESDA			LIMITS?				
100, STREET AND NUMBER 5508 NAMAKASAN 11. MARITAL STATUS 1. Naver Marriad 2. N. Mirriad	ROAD		101	ZIP CODE	816		USA				
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No- 14.	RACE - American Indian, Black, White, atc.				
3 Widowed 4 Divorced	IF YES, GIVE WAR OR			2 Specif			Specify: WHITE				
15. DECEDENT'S ED (Specify only highest grac Elamentary/Secondery (0-12) 17. FATHER'S NAME (First, Middle, Last)		16e. DECEDENT'S	USUAL OCCUPATIO	ON st of working	16b. KIND OF BU	SINESS/INDUST	RY				
Elamentary/Secondery (0-12)	College (1-4 or 5+)	Ille. Do NOT us	e retired.)	at or working							
	5+	GEOLOGI	ST		U.S. GE	OLOGICA	AL SURVEY				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)					
FRANK COHEE				STEL	LA HOLSO	PPLE					
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or Tow	m, State, Zip Cod	le)				
VERA F. COHEE	(WIFE	5508 N	IAMAKAKAI	N ROAD,	BETHESDA.	MARYLAN	ND. 20816				
20e. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Real 4 Donation 5 Other (Specify)	moval from State	other place) PARKLAWN	FITION (Name of cen	netery, crematory or	20c. LO	CATION — City	or Town, Stata				
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	TARKLAWN		ID ADDRESS OF FA	LROC	KVII.LE.	MARYLAND				
1 Michael	1 Bile		FRANCE	IS J. CO	LLINS FUNE	RAL HOM	ME, INC. SP., MD 2090				
IMMEDIATE CAUSE (Finel disease or condition reculting in daeth) Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):										
if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	use. Enter UNDERLYING USE (Disease or injury it inititeted events DUE TO (OR AS A CONSEQUENCE OF):										
	d										
PART II. Other algorificent fondition Dialitis De culus in	mellig	but not reaulting i	n the underlying	g cause given in	Part I. 24a. WAS AN PERFOI	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH			28. PL	ACE OF DEATH (C)	neck only one)						
1 YES 2 NO	HOSPITAL:	utpatient 3 DOA	OTHER:	a 5 🗆 Rasidenca	6 Other (Specify)						
160 Natural 5 Pending	26a. DATE OF INJUR (Month, Day, Year		URY WO	URY AT RK? /ES 2 NO	28d. DESCRIBE HOW	NJURY OCCURE	ED				
2 Accident 3 Sulcide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a PLACE OF IN III	IRY — At home, farm, a pecify)	street, factory, office			26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner se stated.											
296. Slove 1957	19/M	17		POII	20	129.	San 1990				
30. NAME AND ADDRESS OF PERSON WATER E- GO	out 190 3	2309 9Hb	REFIE	ID RP	WHEAT	DN F	10 20902				
S1. DATE FILED (MORTH, Day 1907) '90	32. REGISTRAR'S SI	GNATURE Pand	200								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE, MARYLAND 21203-

TO BE COMPLETED BY FUNERAL DIRECTOR

9	10	2
28	30e	9
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 has flad within 20 hours after death with the State Den, of Health and Mental Hydrere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
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A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire within 72 hours after pleath with the State Deol. of Health and Mental Hydiene prior to burial, cremation, or removal.	12
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR			ERTIF					REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)			1				2. DATE	OF DEATH	AY Y	EAR 3.	TIME OF DEATH
WILLIAM HE	NRY RODI	NEY D	AWSOI	V			FE		199		P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER	_	IF UNDER 24 HRS.		OF BIRTH			CE (State or Foreign
010 32 2291	1- M 2 - F	76	YRS.	MONTHS	DAYS	HOURS MIN.			1913	EN(FLAND
9a. FACILITY NAME (If not institution, give st	9b. CITY,	TOWN O	R LOCATION OF I			9c. COUNTY	OF DEAT	N			
EAS TRANCHT	COUPT			ODI	ENTO	N			ANNE	ARI	INDEL
RESIDENCE OF DECEDENT											7112112
100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION ODENTON										100	I. INSIDE CITY LIMITS?
MD ANNE	01	ENT	UN					1[YES 2 NO		
10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITIZEI	OF WNA	COUNTRY?
543 TRANQUI	L COURT				27	1113			U	S	1
11. MARITAL STATUS	12. WAS DECEDENT			13. V	WAS DECE	ENDENT OF NISP	ANIC ORIGII	N? (Specify Ya		. RACE -	American Indian,
1 Never Married 2 Married	FORCES? 1 [IF YES, GIVE WA					city Cubers, Mexic		Rican, atc.)	1.71	Black, W	hita, atc.
3 Widowed 4 Divorced						382	,.		14.1	PITE	
15. DECEDENT'S EDUC		16a, I	DECEDENT	USUAL OC	CCUPATIO	N	168	, KIND OF BU	SINESS/INDUS	TRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4-or15+)		(Give kind of We. Do NOT u	rse retired.)	aunng mos	it of working	-	777			
	54	100	RATO	R			PL	YMOUT	TH PLA	ANTA	TION
17. FATHER'S NAME (First, Middle, Last)						16. MOTNER'S N	IAME (First,	Middle, Maiden	Sumame)		
WILLIAM VERN	NON DAWS	ON				LTITA	N EC	THER	TTIM		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS	Street an	nd Number or Rurs				ode)	
GLEN E. DASON					`					,	
		_				CT. C			CATION — City		Otata
20a. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ham	ovel from State	other	place)					100			State
4 Donation 5 Other (Specify)	- n	MEL	ROPO	LITA	NC	REMATO	RY	LAI	EX. I	7.A	
and the control of	. 1	//		22.1	NAME AN	D ADDRESS OF	TA	YLOR	FUNER	RA CI	HAPEL
to be lell at	1.16	0			Asres	ADOTTO	1/7	07 4	101		
23. PART I. Enter the diseases, or a shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. M	coused the se on each II	ne.	not enter	the mod	APOLIS de of dying, su	ich as car			t,	
shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (fluer	MA BEQUENCE (DF):	the mod	de of dying, su	ich as car			? ,	Interval Betw
shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO A	OR AS A CONS	SEQUENCE (not enter	the moc	de of dying, su	uch as carr	diac or resp	AUTOPSY	TAR MI	Interval Betw Onset and Do
shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OH AS A CONS	MA SEQUENCE O	not enter	the moc	de of dying, su	uch as carr	diac or resp	AUTOPSY	TES WI	Interval Betw Onset and Do
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shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART IL Other algorificant conditions.	B. DUE TO A	ON AS A CONS	MA SEQUENCE O	ory:	the moc	Cause given	n Part L	24a. WAS AF PERFO	AUTOPSY	TES WI	Interval Betw Onset and Do Onset and Do
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EEB 3 1990 Substitute Market

DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION MD. WICDMICD SALISBURY FUNERAL 10a STREET AND NUMBER 101. ZIP CODE burial-transit 416 HASTINGS STREET r attending physician. use as the buriat-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS RYLAND 21203-3146 1 Never Married 2 Married 1 TES 2 NO BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEGENT'S EDUCATION pecify only highest grade comple (Spe the hospital or 101 Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 3 detached GARDNER 17. FATHER'S NAME (First, Middle, Last) 2 3 CHARLES BE DYKES LULA notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELDRIDGE DYKES 4D1 MDSS HILL LANE, 3 20s. METHOD OF DISPOSITION

1 | YBurtel 2 | Cremetten 3 | Removel from State
4 | Qonetion 5 | Lother (Specific) MORE, 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 4 Oonetion 5 Other (Specify)

21. SIGNATURE UNERAL SERVICE LICENSEE SMULLEN CEMETERY 22. NAME AND ADDRESS OF FACILITY Duala medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line IMMEDIATE CAUSE (Final disease or condition the DUE TO (OR AS A CONSEQUENCE OF): event, resulting in death) Сгеп 13146, sician and comp prior to burial, cr traumatic eve South 7 mention CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): nding physician a If eny, leading to immediata BOX 2 det witin cause. Enter UNDERLYING certificate CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events O. resulting in death) LAST 10 the atter Injury. RECORDS. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL signed by the that any Shows 6 has b Dept. PHYSICIAN: MP VITAL 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? certificate HOSPITAL: OTHER:

Nursing Nome 5 Residence 8 Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 0 the 27. MANNER OF OEATH OF 28a. DATE OF INJURY 26c. INJURY AT WORK? 26b. TIME OF marked, with this INJURY 1 Natural 5 Pending M 1 YES 2 NO BY DIVISION death 2 Accident Investigation ATTENDING After 28a. PLACE OF INJURY — At home, tarm, street, factory, offica building, stc. (Specify) 3 Suicide 6 Could not be determined 9.0 DIRECTOR: A hours after of Item 28 Is COMPLETED 4 Nomicide DR 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL WITHIN 72 h HOSPITAL 2 MEDICAL EXAMINER: On the basis of axismination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE D18 20. NAME AND ADDRESS OF PERSON WNO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 2 MO Riva wash Mmr. Solosun

32. REGISTRAR'S SIGNATURE

whia Sovietson-Randell

31. DATE FILED (Month, Day, Year) JAN 2 9 190

Dykes

5. SEX

1 M 2 F

6. AGE (In yrs. last birthday)

87

VRS

DAYS

HOURS

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

220-10-8472

RIVERWALK MANOR

4. SOCIAL SECURITY NUMBER

LOUIS

Sa. FACILITY NAME (If not institution, give street and number)

90 04435

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF OEATN 3. TIME OF GEATH 1715 01 A M IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIFTTN 6. BIRTHPLACE (State or Foreign MIN. 11-01-02 MARYLAND 9b. CITY TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN SALISBURY WICDMICO 10d. INSIDE CITY 1 X YES 2 - NO 10g. CITIZEN OF WHAT COUNTRY? 21801 U.S.A. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxicon, Puerto Ricon, etc.) Specify WHITE 18b. KIND OF BUSINESS/INDUSTRY SELF-EMPLOYED 18. MOTNER'S NAME (First, Middle, Maiden Surname, DAVIS SALISBURY, MD. 21801 20c. LOCATION - City or Town State FEUITLAND. MD BOUNDS FUNERAL HOME, SALISBURY, MD. Approximata Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 YES 2 NO OF DEATN? 1 TYES 2 T NO 26d DESCRIBE HOW INJURY OCCURED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 29-90

MO

21201

DHMN-16 Rev 1/89

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner num of

	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ost)		4	2. DATE OF DEATH

1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAI CERTIF	RTMENT OF		MENTAL HYGIE						
1. DECEDENT'S NAME (First, Middle, Lee											
Mary -Alice D. 4. SOCIAL SECURITY NUMBER 265 12 5241 90. FACILITY NAME (If not institution, grant)	1 🗆 M 2 🛒 F	1 \square M 2 \nearrow F 73 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) $0.1-15-$						na, Minn			
Anne Arundel Med		r	Annapo		JEANN .	AA (OO DE	A14			
100. STATE 10b. COU			ry, TOWN OR LO	CATION	50.4			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER	THE THE	1 1111	Idpolito	101. ZIP CODE			IZEN OF WI	HAT COUNTRY?			
7201 River Cre: 11. MARITAL STATUS 1 Never Merried 2 Merried 3xXWidowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 XNO	II yes,		ANIC ORIGIN? (Specify Yosen, Puerto Ricen, etc.)	US#	14. RACE Bleck,	American Indian, White, etc. "White			
15. DECEDENT'S E (Specify only highest gr Elementery/Secondary (0-12)			S USUAL OCCUPA work done during use retired.)		16b. KIND OF B	USINESS/INI	DUSTRY				
17. FATHER'S NAME (First, Middle, Last)	4	House	wife	18. MOTHER'S N	Homema IAME (First, Middle, Maide						
Lawrence	Roebk			Mabel			Le	e			
19e. INFORMANT'S NAME (Type/Print) David W. Davis 20e. METHOD OF DISPOSITION 1X/Buriel 2 Cremetton 3 R		12000	Drogue	Ct: Annapo	l Route Number, City or To			rn, Slete			
23. PART I. Enter the diseases, a shock, or heart failured disease or condition resulting in death)	a. RESPI		Har 12	Ridgely node of dying, su	uneral Ho Avenue,	Anna	apoli	Approximate interval Between Onset and Deat / Metural /			
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PART II. Other aignificant condit	ions contributing to de	eath but not resulting	in the underly	ing cause given i		AN AUTOPSY ORMED? 2 NO		WERE AUTOPSY FINDINGS AWAILABLE PRIDE TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2ANO	HOSPITAL:		OTHER:	PLACE OF DEATH (
27. MANNER OF DEATH 1- Natural 5 Pending	28a. DATE OF IN (Month, Day,		ME OF 28c.	ome 5 Residence INJURY AT WORK? YES 2 NO	8 Other (Specify) 26d. DESCRIBE HOW	V INJURY O	CCURED				
3 Suicide 8 Could not	investigation 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Richty or Yown, Stele)										
29e. CERTIFIER (Check only one) 29m. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. 29m. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated.											
290. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, 1601) 30. NAME AND ADDRESS OF ERRSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 30. HAW D. SACK (OW 1833 FOREST DR., AWARDLIS, HAD 21401 31. DATE FILED (Month, Day, 1601) 32. REGISTRAN'S SIGNATURE FEB 1 2 1990 June Dandow-Pondalla											
JOHN D. J	ACKSON	1933 E	CON5.87	DK,	ANNAPOL	is, i	40	21401			
31. DATE FILED (Month, Day, Voar) FEB 1	2 1990 Julia	Davidson-Ran	della								

FEB 1 2 1990 Julia Jamber 19-16

BALTIMORE, MARYLAND 21203-3146	nding physic	is the burial		
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	in 24 NOU	ely filled in nation, or	, the me	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Fig. 10 mm and 10 mm	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funera Illinate manages of the burial be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at any	
BOX	ificate be e	physician ane prior to	her traum	
P.0.	leath cert	attending ntal Hygik	y, or of	
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1. DECEDENT'S NAME (Fit	rst, Middle, La	st)								OF DEATH			3. TIME OF DEAT
	HERE	BERT		DI	GGS,	JR.			MONT	2-7-90	4Y	YEAR	5:33PM
4. SOCIAL SECURITY NUI 212-28-213		5. SEX	8. AGE (In	yrs. last birthday) YRS.		R 1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mont	OF BIRTH	34	8. BIR Cour	THPLACE (State or Fontry) Md.
9e. FACILITY NAME (If not	Institution, gh	e street and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE		** 17 17	9c. COUNTY OF DEATH		
Matthew I	Hinsor	Drive									Pr	inc	e George
RESIDENCE OF DE	10b. COU			10c. CI	ry, TOWN	OR LOCA	TION						10d. INSIDE CITY
Md.	BALT	TIMORE											LIMITS?
	3206 RICHWOOD AVE					10	1. ZIP COD				109. CIT	U.	WHAT COUNTRY?
11. MARITAL STATUS 1 Cover Merried 2 [3 Widowed 4 Di	T EVER IN U	2 X XIO	13.	II yes, sp			n, Puerto	N? (Specify Yes Ricen, atc.)	or No—	Bla	CE — American Indick, White, etc.		
	ECEDENT'S E	DUCATION rade completed)	1	18e. DECEDENT'S	work done	durina ma	ON ost of working	10	181	, KIND OF BUS	SINESS/INC	OUSTRY	
Elementery/Secondery		College (1-4 or 5 +	+)	SHIPPIN	retired.))				***	****	**	
17. FATHER'S NAME (First, HERBERT		SR.							, ,	Middle, Malden	,		
DORIS C. C	1.71	SS					and Number		Route Num	nber, City or Tow	n, Statu, Zip	Code)	
20m METHOD OF DISPOS 1 Buriel 2 Creme 4 Donation 5 Oth		emoval from State	20b, F	PLACE OF DISPO Other place) NE LAWN	I MEN	MORIA	AL PA	RK		ANN	VAPOL	IS,	
PINE LAWN MEMORIAL PARK ANNAPOLIS, Md. 21401 21. SIGNATURE OF FUNERAL SERVICE LICENSEE CMARLES E. HICKS 111 PINE LAWN MEMORIAL PARK ANNAPOLIS, Md. 21401													
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23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in deeth) Sequentially list cont if any, leading to imm cause. Enter UNDER! CAUSE (Disease or in that initiated events resulting in deeth) L. PART II. Other signification of the control of the cause of the c	ditiona, mediate LYING njury AST Pending Investigation determined	DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) FOUND: 28e. PLACE O building.	DIE S O (OR AS A C	tab WOU CONSEQUENCE CONSEQUENC	not entering ands prof: OF): anderlyIn 26. P ER: ursing Hor 28c. IN. R P 1 □ ctory, offic OF A	FORE pode of dy lace of the series of the	given in	Part I. Part I. S XXth 28d. DE Sub. Con Matter Got time, dat	24a. WAS AN PERFORMANCE OF THE P	AUTOPSY SMED? RAUTOPSY SMED?	SCERED ed or or Rurer tred.	Abproxim Interval B Onset end	

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may burges TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page set be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not

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Dr.

31. DATE FILED (Month, Day, Year)
FEB 0

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT				MENTA	L HYGIENI REG. NO.	E		0110	
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH	
		Clist	on E.	O total	037				Jar		19	YEAR	2:20 p	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	t 24 HRS.		OF BIRTH	13		PLACE (State or Foreign	-
	216-10-3895	1 NM 2 F	99	YRS.	MONTHS	DAYS	HOURS	MIN.		h, Day, Year)	000	Country		
	9a. FACILITY NAME (If not institution, give str	41	99		Ob CITY	TOWAL C	R LOCATI	ON OF DE		/25/1		KOC.	k Hall, MD	
or											96, 6001	err or be	All I	
DIRECTOR	Magnolia Hall	Nursi	ng Home	9		Ches	ter	tow	n			Kent		
S S	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION	-					10d. INSIDE CITY	_
E	Maryland K	ent				Do	ck	ual	1				LIMITS?	
	10e. STREET AND NUMBER	enc				_	ZIP COD		1		10a. CITI	ZEN OF W	HAT COUNTRY?	-
FUNERAL							2	100	4					
뿐	Sharp Str		T EVER IN U.S. AF	MED	1 40	WW C DEC		166		N? (Specify Yea	as No.		S.A.	
	1 Never Married 2 Married	FORCES?	YES 2 V			If yes, sp	cify Cubi	n, Mexica	in, Puerto	Rican, atc.)	Or NO.	Black	White, atc.	
B	3 X Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1 YES	2 (KNO	Specif	у:			Specif	White	
ED	15. DECEDENT'S EDUC	ATION	16a, Di	ECEDENT'S	USUAL O	CCUPATIO	ON		188	, KIND OF BUS	INESS/IND	USTRY	MILLE	-
Ë	(Specify only highest grade of	completed)	(0	live kind of Do NOT u	work done	during mo	st of worki	ing						
2	Elamentary/Secondary (0-12)	College (1-4 or 5		Maso	nru					self-	omn.	1000	a	
N	17. FATHER'S NAME (First, Middle, Last)			rasu	III y		18. MOT	HER'S NA	MF (First	Middle, Maiden		LOVE	u	-
O BE COMPLET	James R. Dow	mou												
BE	19a, INFORMANT'S NAME (Type/Print)	пеу	10	h MARIN	2 ADDRES	B /Street s	nd Alumba			OUISE				_
0	The state of the s	-1-	16		ADDITES									
	Mary C. Messi	CK	20b. PLACE	Rt.	Z ALITION AL			_	KOCE	Hall	CATION -	-		_
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	4 Donalion 5 Other (Specify)	ruster:	- I Wes.	Ley	Char		Cem			RC	ck	lall	, MD	_
	21. SIGNAL OF PUNERAL SERVICE LIN	7/ -/	1.							Fune	ral	Hom	es, PA.	
	Chemas Kig	telland	reen									22011		
					Rock Hall, MD 21661 h. Do not antar the mode of dying, such as cardiec or respiratory strest,							Approximete		
	shock, or heart fellure. I												Onset and Des	
	disease or condition	-	Articio	0-1	ent	7	Co	Arct	Lov	ascu	lar	-		
	resulting in death)	DUE TO	Arterio O (OR AS A CONSE	QUENCE (OF):				-			-		_
-	_							C	Li &	57018	7		Crears	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	O (OR AS A CONSE	OUENCE	OF):									-
Ä	cause, Enter UNDERLYING													
E	CAUSE (Disesse or injury that initiated events	DUE TO	OR AS A CONSE	QUENCE (OF):									
H	resulting in deeth) LAST													
CE														
AL	PART II. Other significant conditions			resulting	In the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOR		246.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO	8
8	Acity BI	ronclu	24							1 TYES 2	- NO		COMPLETION OF CAUSE OF DEATH?	
W													1 YES 2 NO	
PHYSICIAN: MEDIC														
M	25. WAS CASE REFERRED TO MEDICAL						LACE OF	DEATH (C	heck only o	nne)			-	
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE 4 Nu		ne 5 🗆 F	Raaidence	6 🗆 Oth	er (Specify)				
À	27. MANNER OF DEATH	28a, DATE O	F INJURY	28b. TI	ME OF	28c. IN.	JURY AT		28d. DI	SCRIBE HOW I	NJURY OC	CURED		
7	1 Natural 5 Pending	(Month,	Day, Year)		JURY M		YES 2	□ NO						
ВУ	a Distriction	28a. PLACE	OF INJURY - At I	ome, ferm.	streel, fac	tory, offic	a					r or Rural F	Route Number,	_
E C	4 Homicide determined building, atc. (Specify)					me, farm, streel, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
W	29a. CERTIFIER	CIANI. To the head	d one become de	to other	med at th	Alma di	- and =1		- An Ch :			died.		
COMPLET	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE												and manner as stead	
00			www.miedon end/o	veatigat	ion, in my	ориноп,				e and place, at		_		
BE (296. SIGNATURE AND TITLE OF CERTIFIER						29c. LIC	CENSE NU	MBER		29d. DA	1	(Month, Day, Year)	
E	() mi	una	eun				DI	003	PC			1/8	5190	

Medical

32. REGISTRAN'S SIGNATURE
Julia Davidson-Randall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Gottfried Baumann

Building, Chestertown, MD 21620

BALLIM	leath. P	funeral of	xaminer	
PA PA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Oppt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner is	-
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	execute	and co	matic	
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Z	ING PH	offer this	mark	
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	THE H	THE FL	PORTA	
	2	2 %	M	

	1 - STATE OF MARY		RTMENT OF F		MENTAL HYGIEN		0443					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH					
	Gerard Robert Donovan S	Sr.			02-06-9		M					
	016 05 7222	E (In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign ountry)					
		73 YRS.			10-31-1	ltimore, MD						
TOR	90. FACILITY NAME (If not institution, give street and number) Anne Arundel Medical Ce	enter	Annapo	OR LOCATION OF D	EATH	Anne	Arundel					
DIRECTOR	10e. STATE ND Anne Arundel	10c Cr	TY, TOWN OR LOCAL	l'l'e		. 11	10d. INSIDE CITY LIMITS? 1 YES 25 NO					
	10s. STREET AND NUMBER		10	f. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?					
ER	802 Whitewood Trail		2:	1032		USA						
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 VE	S 2 NO	If yea, ap		NIC ORIGIN? (Specify Yann, Puerto Ricen, etc.) y:	8	ACE — American Indian, leck, White, etc.					
ETED.	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT' (Give kind of life. Do NOT	S USUAL OCCUPATE work done during me use retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUSTR	Y					
MPL	12	Self-E	Employe	d	Weld	ing Eq	uip. Sales					
COMPL	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Maider	Surname)						
111	Gerard I Donovan				McNamara							
TO BE	19e. INFORMANT'S NAME (Type/Print)				Route Number, City or Tox							
1	Gerard R. Donovan Jr.						,MD 21032					
150	1 Refure 2 Cremation 3 Immediate Translation 5 Other (Specify)	other place)				OCATION — City o						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	New Cat	hedral	ND ADDRESS OF FA		timore	, MD					
	18 A 1 1 1/1		Hard	esty Fu	neral Ho	me P.A						
_	· cur y word 2				Ave. Ann							
	23. PART I. Enter the diseases, or complications that cause shock, or heert failure. List only one cause or	and the death. Do reach line.	not enter tha mo	oda of dying, aud	ch as cardiac or rear	olretory arrest,	Approximate Interval Between					
	IMMEDIATE CAUSE (Final disease or condition			0			Onset and Death					
	resulting in daeth) a	S A CONSEQUENCE		12661	le							
	_ (0)	7 /	Orj:	1527								
ON	Sequentially list conditions, DUE TO (OR A)	S A CONSEQUENCE	OF):									
CAT	If any, leading to immediate cause. Enter UNDERLYING											
Ĭ.	that illitiated aveilts	S A CONSEQUENCE	OF):									
CERTIFICATION	resulting in death) LAST											
0	PART II. Other significant conditions contributing to death	but not resulting	in the underlyin	a cause alven In	Part i. 24s. WAS A	N ALTTOPSY	24b. WERE AUTOPSY FINDINGS					
S			,,	9	PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE					
ED					1 TYES	2 NO	DF DEATH?					
2							1 TES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF DEATH (C/	heck only one)							
SIC	EXAMINER? HOSPITAL: 1 Inpetient 2 ER/O	utpetient 3 DOA	OTHER:		6 Other (Specify)							
PHYSICIAN: MEDICA	27. MANNER OF DEATH 28s. DATE OF INJUR		ME OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCURE	D					
ВУР	1 Natural 5 Pending (Month, Day, Year Accident	7		ORK? YES 2 NO								
	1 Notice III	IRY — At home, farm	, atreet, factory, offic	De	261. LOCATION (Street City or Town, Stete		rai Route Number,					
TED	4 Homicide determined	,			Only or rown, create	"						
PLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kn	owledge, death occur	rred at the time, date	e end place, and du	e to the causs(e) end mi	enner as atated,						
COM	and	nd due to the causa(e) and manner as armed. Int the time, date and placa, and due to the causa(e) and manner as stat-										
Ш	298, SIGNATURE AND TIME OF CERTIFIER			29c. LICENSE NU	IMBER / /	29d, DATE SKS	NED (Morely/Dgc, Neer)					
0 7	1 Missin			036	5/6/	12/	7/90					
2	30, MARIE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	pe, Print)	1 to	20	1	1					
1	/ Insma	568	H	16/2	of Mell							
	51. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S	aundson-har	dell									
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 and 20 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct, page to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be must

	1. DECEDENT'S NAME (First	, Middle, Last)			p.					2. DATE OF DEATH	* 199	YEAR	3. TIME OF DEATH
	ISABEL	S.	DO	UGHERT	Y					Feb. 6,	м		
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las	st birthday)	_ IF UNDER			R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLACE (State or Foreign Country)	
	165 01 0	952	1 [] M 2 2 F	88	YRS.	MONTHS	DAYS	HOURS	50101.	Sept.12,	190]	Pe	nnsylvania
	9e. FACILITY NAME (If not in									INTY OF I			
DIRECTOR	Anne Arui		Medical	Center	r	Annapolis Ann						ne .	Arundel
E	10e, STATE	10b. COUNT	Υ		10c. CI1	Y, TOWN	OR LOCAT	TON					10d. INSIDE CITY
10	Maryland	el		An	nan	olis	3				LIMITS?		
AL	10e, STREET AND NUMBER					ZIP COD			10g. CIT	IZEN OF	WHAT COUNTRY?		
FUNERAL	10 N. Che	rry G	rove Av	enue				214	401		U.	S.A	
5	11. MARITAL STATUS	***************************************	12. WAS DECEDEN	T EVER IN U.S. AF		13.	WAS DEC	ENDENT	OF HISPA	NIC ORIGIN? (Specify Yes		14. BAC	E — American Indian, k. White, etc.
BY F	1 Never Married 2 1		IF YES, GIVE	YES 2 XI	MO				nn, Mexica Specil	n, Puarto Rican, atc.) y:		Spec	olfy:
			1			1							ite
COMPLETED	15. DEC (Specify oni	EDENT'S EDU ly highest grade	CATION completed)	16a. DE	CEDENT'S	Work done se retired.)	CCUPATIO during mo	ON at of work	ing	16b. KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (f	0-12)	College (1-4 or 5	+)									
MP	8				НС	mem	ake			Hom			
8	17. FATHER'S NAME (First, M									AME (First, Middle, Malden			
R	Charle		eney					_		ces Boyl			
2	190. INFORMANT'S NAME (Route Number, City or Tow			1/2 07 407
	Anthony		ugnerty							7			s,MD 21401
	20e. METHOD OF DISPOSIT	on 3 🗆 Rem	ovet from State	20b. PLACE other pi	lace)			111			CATION —		
	4 Donation 5 Other		CENSEE /	st.	Am	le s			ESS OF FA		eela	ind,	PA
	ZI. SIGNALGIEG YONEAN	1	DENSEE /	(/	/					ral Chap	el		21401
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	23. PART I. Enter the d												Approximate
	IMMEDIATE CAUSE (Fig		List only one ca	use on much line		1							interval Between Onaet and Death
	disease or condition reaulting in death)	→	. Card	ice A	mes	t							hours
	reauting in death)		DUE TO	(OR AS A CONSE	оценск о	ME.	1	1					
z			h MI	yocare	lial	List	far	CFI	4				48 Mour
임	Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CONSE	QUENCE C	OF):							
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Init		c										
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	PART II. Other significa	ant condition	na contributing to	death but not	resulting	in the u	ndertyin	g cause	given in			24	b. WERE AUTOPSY FINDINGS
MEDICAL										PERFO	. /		AVAILABLE PRIDR TO COMPLETION OF CAUSE
G										1 TYES	L No		DF DEATH?
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SIC	EXAMINER?		HOSPITAL:	XER/Outpatient	3 DOA	OTHE	R:			8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE O	INJURY	28b. TH	_		URY AT	WENT OF THE	28d, DESCRIBE HOW	INJURY O	CCURED	
		Pending	(Month,	Day, Year)	IN	W YRUL		YES 2	NO				
ВУ	2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY — At he	ome, farm,	street, fac	tory, offic	•		26f. LOCATION (Street	and Numbe	er or Rural	Route Number,
日	4 Homicide	Could not be determined	building	etc. (Specify)						City or Town, State			
E	29a. CERTIFIER	TIEVINO BUNO	MOLANI, To ab. It is			20.1				-527			
MP	onel only									e to the cause(a) and ma			
COMPL	one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner es stated.												
BE	290. SIGNATURE AND TITLE OF CERTIFIER (M) DOLLICENSE NOMBER 290. LICENSE NOMBER												
임	20. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (75% 1950)												
	William C. Weintraub, 2568 Riva Road, Annapolis, MD 21401												
	31. DATE FILED (Month, Day,	16ar) 9 15	90 32 900	SIGNATURE S	Buch	de '	H						
			16/ 3			4							

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frous after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shall be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifier

	1 - FOR STATE REGISTRAR	ATE OF MARYLAI	AD 1 DELIN	RTMENT OF		D MENTA	REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)	N	Buth	IRT D	HART	2. DATI MON	E OF DEATH	1 9 0	3. TIME OF DEATH A 25 PMM
	4. SOCIAL SECURITY NUMBER 5. SET 144-42-7807	6. AGE (In	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HF		E OF BIRTH oth, Day, Year)		NEW JERSEY
	9e. FACILITY NAME (If not institution, give street end	f number)		9b. CITY, TOWN	OR LOCATION O		21 13	9c. COUNTY C	
DIRECTOR	ANNE ARUNDEL MEDICAL	CENTER		ANNAPO	LIS			ANNE	ARUNDEL
REC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
LD	MARYLAND ANNE AF	RUNDEL	CR	OFTON	of, ZIP CODE			10a CITIZEN (1 YES 2 NO
ERA	2072 LAKE GROVE LANE				114				S.A.
BY FUNERAL	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN LORCES? 1 YES	2 XNO	If yes, s	CENDENT OF HIS pectly Cuben, Me S 22 ANO S	exicen, Puerto	IN? (Specify Yes Rican, etc.)		IACE — American Indian, Ilack, White, atc.
PLETED	18. DECEDENT'S EDUCATION (Specify only highest grade completed in the comp	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6a. DECEDENT'S (Give kind of life. Do NOT u		ON ost of working	16	b. KINO OF BUS	NESS/INDUSTF	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) DUH HUBERT N. BUHART , S	HART Sr.				NAME (First, MCBur	Middle, Maiden S	Gurnama)	
10	190. INFORMANT'S NAME (Type/Print) JOANNE BURNETT			ADDRESS (Street					
	20e. METHOD OF DISPOSITION	20b. f	PLACE OF DISPO	NSBURY A				ATION - City of	
	1 X Buriel 2 Cremation 3 Removal fro 4 Donation 5 Other (Specify)	EAS	other place) ST RIDG:	E LAWN C			PASSI	AC CO.	NEW JERSEY
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0000007					1 WEST		NAPOLIS, MD.
CERTIFICATION	23. PART I. Enter the diseases, or complishock, or heart failure. List or IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE CONSEQ	nal (wee or respin	atory street,	Approximate intervel Between Onset and Death
MEDICAL	PART II. Other significant conditions cont		t not reaulting	in the underlyl	ng cause give	n in Part I.	24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINOINGS AMAIL ABLE PRIOR TO COMPLETION DF CAUSE DF DEATHY 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		28.	PLACE OF OEATH	d (Check only	one)		
HYSI	1 YES 2 NO 1	npatient 2 - ER/Outpat	lent 3 DOA	4 - Nursing Ho	me 5 🗆 Reelde		her (Specify) ESCRIBE HOW II	ILIBY OCCUBE	0
ВУ Р	t Natural 5 Pending	(Month, Day, Year)		JURY W	YES 2 NO		LOONIDE HOW II	John Gooding	
ETED B	Z Perchant	28e. PLACE OF INJURY - building, etc. (Specif)	At home, ferm,	etreet, factory, off	ce		OCATION (Street a by or Town, State)	nd Number or Ri	ural Route Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: T								use(e) end menner ee atated.
TO BE C	29b. SIGNATI / E ANO TITLE OF CERRIFIER	man	w	>	29c. LICENSE	NUMBER 93	14	29d. DATE SIG	NED (Morith, Day, Year)
F	30. NAME AND SESS OF PERSON WHO COM	ue. An	NASO	polis	, hu	D	214	6/	
	31. DATE FILED (Month, Daf, Year)	32. REGISTOR'S SIGNAT	3 1990	0	man - No	modelle	1		

Airs after death. Page 6 may be retained by the hosp bely med in by the funeral director, page 5 should be detached abide, or removal. The medical examiner must be notified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the properties of the map be retained by the hosp TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ely med in by the funeral director, page 5 should be detache nation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, crem
kurs after death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
DALLIMORE, MARTLAND	DIVISION OF VITAL RECORDS, F.O. BOA 13148,

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTI			MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	DEGR		, Sr.		2. DATE MONT	OF DEATH) Y	3. (1)	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 207 - 40 - 40 73 90. FACILITY NAME (If not institution, give si	1 - M 2 - F	89 YRS. MC	FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. DR. LOCATION OF D	(Mont	of BIRTH		Country) Loui	
DIMECTOR	RESIDENCE OF DECEDENT 106. STATE 106. CQUATY	+DSP.td	I soo CITY 3	B BC	timore			//	7	d. INSIDE CITY
	Maryland Hewa	122		iottsv				10a CITIZEN	1 [YES 2 NO
ERA	1525 Marriottsvi	lle Road			21104			U.S		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	ENDENT OF HISPA ecify Cuban, Maxic 2 NO Speci	en, Puerto	N? (Specify Yes Rican, etc.)	or No — 14	Black, W Specify:	American Indian, hite, etc.
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION 10	6e. DECEDENT'S US	UAL OCCUPATION	ON set of working	161	. KIND OF BU	SINESS/INDUS		
APLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Relig	etired.)	or or working		Regis	tered	Nurs	e
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Benjamin J. DeGi	cange			18. MOTHER'S NA				e	
TO B	190. INFORMANT'S NAME (Type/Print) Sister Mary Regin	na	19b. MAILING AI	DDRESS (Street a	and Number or Aural	Rd M	arriot	n, State, Zip Co tsvill	e Md	21104
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	LACE OF DISPOSITI	on (Name of ceredral C	metery, cremetory or emetery			CATION — CITY Baltim		State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			H Witzk					itv
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO. DUE TO (OR AS A CO. DUE TO (OR AS A CO.	ONSEQUENCE OF):		ray	Fn	ikuu			Onset and Deat
MEDICAL	PART II. Other significent condition	d.	not resulting in	the underlyin	g ceuse given in	Part I.	24s. WAS AN PERFO!	RMED?	CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MIPLETION OF CAUSE DEATH? YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL									
SICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	LACE OF DEATH (C			7.00		
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WO	URY AT DRK? YES 2 NO	28d. DE	SCRIBE HOW	NJURY OCCUP	RED	
ED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify,	At home, farm, atre	et, factory, offic	•		CATION (Street or Town, State)		Rural Rout	e Number,
COMPLET	anal .	ICIAN: To the best of my knowled								nd manner as stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER		29d. DATE S	IGNED (M	onth, Day, Year)
0	Holene h,	libunday: a	w.		100	832	-		/32/3	
TO	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pr	rint)						
	31. DATE FILED (Month, Day, Year) FEB 5 '90	32. REGISTBAR'S SIGNAT	idson-Rando	DE.	5.1.6					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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-	3	O. NAME

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	OMIL OF IM	C			F DEATH	REG.	NO.		
I. DECEDENT'S NAME (First, Middle, Las	1)					2. DATE OF DEATH	1		3. TIME OF DEATH
HOMER	McCLEAN		DE	EAN		MONTH	26	YEAR 90	9.15 Am
SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. la		IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
220-10-6541	1 📉 M 2 🗆 F	69	YRS.	MONTHS DAY		AUG. 28	_		ZLAND
D. FACILITY NAME (If not institution, give ALISBURY NURSING					ON OR LOCATION OF D			UNTY OF DI	
ESIDENCE OF DECEDENT	0 1101100	-		CAUTOL	SORI/ PIARI	LAND	vv	ICOM]	
MA DAT AND			10c. CITY	Y, TOWN OR LO					10d. INSIDE CITY LIMITS?
MARYLAND W STREET AND NUMBER	ICOMICO			SALISE	101. ZIP CODE		1 14 00		1 X YES 2 NO
828 B, S. DIVIS	ION STREET				21801		10g. CI	USA	HAT COUNTRY?
. MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAS	YES 2	RMED NO	If yes	DECENDENT OF HISPA , epecify Cuben, Mexic YES 2 NO Speci	en, Puerto Ricen, etc.)		14. RACE Black Specif	— American Indian, White, etc.
15. DECEDENT'S EC	DUCATION	18e. D	ECEDENT'S	USUAL OCCUP	PATION	18b. KIND OF	BUSINESS/IN	IDUSTRY	MULIE
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5 +)	100	Give kind of v e. Do NOT us	work done during se retired.)	most of working				
YEARS UNK		DF	RIVER	& OWNE	ER	TH	RUCKIN	G	
FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Mei	den Surname)		
RICHARD		DEA	AN		LAURA		НО	LIDAY	7
n. INFORMANT'S NAME (Type/Print)		15	9b. MAILING	ADDRESS (Str	eet and Number or Rural	Route Number, City or	Town, State, 2	(ip Code)	
LUCILLE DEAN		8	328B,	S. DIV	VISION STR	REET, SAL	SBURY	, MD	21801
e. METHOO OF DISPOSITION 1 / X Burlel 2 Cremetion 3 1 Re	29/90 moval from State	20b. PLACE other p	OF OISPOS	SITION (Name o	f cemetery, cremetory or	20c.	LOCATION -	- City or To	wn, State
□ Donetion 5 □ Other (Specify)				MEMORIA	AL PARK		SALISB	URY,	MD
SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAM	E AND ADDRESS OF FLOWAY FUNE	RAI HOME	PΛ		
> /NR/du	llen	-			SNOW HILI			MD	21801
dequentistly list conditions, any, leading to immediate cause. Enter UNDERLYING AUSE (Disease or injury that initisted events	C	PR AS A CONSE							
esulting in death) LAST	dons contributing to d	eath but not	resulting	in the under	lying cause given is	Part i. 24a. WAS	AN AUTOPS	y 24b.	WERE AUTOPSY FINDI
Pulkins	ons Duran	e.					FORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
. WAS CASE REFERRED TO MEDICAL				21	B. PLACE OF DEATH (C	heck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	FB/Outpetters	3 🗆 🗈	OTHER:					
MANNER OF DEATH	28e. DATE OF II	JURY	28b. TIM	E OF 28c.	Home 5 Assidence	8 Li Other (Specify) 28d. DESCRIBE HO	W INJURY O	CCURED	
1 Natural 5 Pending	(Month, Day			BURY	WORK? YES 2 NO	110			
2 Accident Investigation 3 Suicide 8 Could not be determined	28e, PLACE OF	INJURY — At h	ome, ferm,	street, factory,	office	281. LOCATION (Str City or Town, S		er or Rural F	Route Number,
CERTIFIER (Check only CERTIFYING PH	/SICIAN: To the best of m								
b. SIGNATURE AND TITLE OPTERTIF	NER: On the basis of exa	immetron end/or	anvestigatio	m, m my opinic					
7111	cedel-				D:291	05	29d. D/	26	(Month, Day, Year)
NAME AND ADDRESS OF PERSON	VHO COMPLETED CAUSE	OF DEATH (IT	EM 27) (Type,	, Print)			/	1	
CHRISTJÓN HUDDL	ESTON, M.D	. RT.	50 &	CIVIC	AVE. SALT	SBURY, MD	2180)]	
DATE FILED (Month, Day, Yeer)	132 REGISTRAR	'S SIGNATURE							
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detach	be flee within 72 hours are destributed by state cept, or result and mental righers produce consount, connecting. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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n certificate be	nding physicial	or other trau
that the death	ed by the atte	any injury.
e law requires	has been sign	23 shows
IYSICIAN: Th	is certificate	ed, or item
L OR ATTENDING PHYS	TOR: After th	28 is mark
PITAL OR AT	ERAL DIREC	IT. If Item :
TO THE HOS	TO THE FUN	IMPORTAN

1. DECEOENT'S NAME (First, Middle, La	s) Cecilia	Mary	De	enzlei	n		2. OATE OF	DEATH2	4/90	3. 1	TIME OF OEATH
Cecilia Mt	My Denzlei	Ω_					Feb.	4.	1990	2	1:30 A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER 1 Y		IF UNDER 24 HRS,	7. DATE OF	BIRTH	8.	BIRTHPLA Country)	CE (State or Foreign
218-32-2836	1 M 2 M F	89	YRS.	MONTHS E	DAYS	HOURS MIN.	(1100)	By 190	0	1 /	aryland
9e. FACILITY NAME (If not institution, gi	ve street and number)			9b. CITY, TO	OWN O	R LOCATION OF DE	ATH		9c. COUNTY	OF DEATH	1
Stella Maris				To	owso	on, Hary	alnd		E.	alti	more
10e. STATE 10b. COL			10c. CI1	TY, TOWN OR	LOCATI	ION				10d	I. INSIDE CITY
Maryland Ba	ltimore Co	untv	- 11	Balti	mor	8				1.5	LIMITS?
10e. STREET AND NUMBER		0			-	ZIP COOE			10a, CITIZEI		COUNTRY?
628 St. Du						21212	2		U.S	S.A.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V			If y	ee, spe	ENOENT OF HISPAT city Cuben, Mexice 2 NO Specifi	n, Puerto Ric		or No- 14	Specify: Whi	
15. OECEOENT'S		18e. DEC	CEDENT'S	USUAL OCC	UPATIO	N ot of constitute	16b. K	INO OF BUS	INESS/INDUS	TRY	
(Specify only highest g	College (1-4 or 5	life	Do NOT	work done dur use retired.)	ing mos	st or working					
7			_Owr	ner				Bak	ery		
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Mid	Idle, Meiden S	Surname)		
	John Mey	er					elen			Wa	rmuth
19e. INFORMANT'S NAME (Type/Print)			MAII IM	G ADDRESS /	Street or	nd Number or Rural		City or Trave	State 7in C		
Miss Catherine											950
	H. Union					Rd., Ro	GKVII	7			_
20s. METHOD OF DISPOSITION 120 Burlel 2 Cremetion 3 1	Removal from State	other ole	ice)			netery, crematory or			CATION — CIT		
4 Donetion 5 Other (Specify)				emori	al	Gardens	4000	Rel .	Air, N	laryl	and 2101
21. SIGNATURE OF FUNERAL SERVICE	ELICENSEEJOS OP	-	ter	50 B	W O	est Broa Air, Mar	dway wiland	& Wil 2101	liams	ral H Stre	ome
IMMEDIATE CAUSE (Finel disease or condition recuiting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. Megae DUE TO	OR AS A CONSECUTION OF AS	OUENCE (OF): OF):	bst	truction					
PART II. Other significent cond	tione contributing to	death but not re	esulting	In the und	erlylno	cause given in	Part I. 2	4a, WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINOING
								PERFOR	MED?	CO DF	NILABLE PRIOR TO MPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICA	ı.				28. PL	ACE OF DEATH (CI	eck only one)				
EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/Outcation 2		OTHER:							
27. MANNER OF OEATH	28e. DATE O	ER/Outpetient 3	28b. TI		esc. INJ	e 5 Realdence			NJURY OCCU	RED	
1 Natural 5 Pending		Day, Year)	10	JURY M	WO	PRK7	200.000				
2 Accident Investigat		OF INJURY — At ho					204 1 0 0 1 7	ION (Ctoo)	and Mumber	Quant Do at	a Mirmbae
3 Suicide S Could no	be building	, atc. (Specify)	me, rarm	, street, rector	у, отно		City or	Town, State)	and Number or	r Hurer Houn	e Number,
[Origin Oriny	HYSICIAN: To the best of										d manner as stated
296. SIGNATURE AND TITLE OF CERT				, _		29c. LICENSE NU	MBER		29d. DATE	SIGNED (Mo	onth, Day, Year)
Carla	4 leled	and	eV.	0		027087			> ;	2/4/9	0
30. NAME AND ADDRESS OF PERSON Carla S. Alex	WHO COMPLETED CAL	JSE OF DEATH (ITE	M 27) (Typ	oe, Print)	Va 7	leu Rd	Tourse	n Met			
			DUI	arreg	VetI.	reg Mu.	TUNSO	119 114	. 2120	J-4	
31. DATE FILEO (Month, Day, Year) FEB 05		AR'S SIGNATURE	A 7	Prode 00							

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31. DATE FILED (Month, Day, Year)

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1. OECEOENT'S NAME (First, Midgle, Last)	4 17			2. DATE	REG. NO.	3	TIME OF DEATH
Richard	A. D	oores		MONTH		YEAR	450
4. SOCIAL SECURITY NUMBER 229-38-3318	1 M 2 🗆 F	55 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	(Month)	OF BIRTH Day, Year) 3 34	ViPai	CE (State or Foreign
90. FACILITY NAME (II not institution, give str	59. Home	94	Laure Ma	DEATH	Pri	1 CC G	eorges
Maryland Prince	e Georg	10c. CITY, T	OWN OR LOCATION			17	1. INSIDE CITY LIMITS? YES 2 NO
9001 Cherry L	ane.		20718	·	10g. Cri	S. A.	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EY FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS OECENOENT OF HISP. If yes, specify Cuben, Maxic 1 YES 2 NO Spec	can, Puerto R		14. RACE	American Indian, hits, etc.
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		16a, OECEDENT'S US (Give kind of work life. Do NOT use re	done during most of working	16b.	KINO OF BUSINESS/INI	DUSTRY	THICK
12		ARME	D FORCES				
17. FATHER'S NAME (First, Middle, Last) Sebastin 190. INFORMANT'S NAME (Type/Print)	Doores		Sa	rah	Freem		
	Doores	POST	OFFICE BO	240	The Plain	ns: V	17166 A
20a. METHOD OF DISPOSITION 1	val from Stale	other place)	on (Nama of cametary, cramatory of		20c. LOCATION - Warr	City or Town,	
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	-0.0	JOYNES T-U	FACILITY	I Home,	INC.	
disease or condition	12,	eron 6	1 R/00 d		lec or respiratory ar	rest,	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	Bleed 60001755 ALCOHOUS		nec of respiratory at	rost,	Interval Between
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR I.	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	6PSN17PS ACCOMB (1 S	m	24e. WAS AN AUTOPSY PERFORMEO?	24b. WE	Interval Between Onset and Daet
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Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions COPD 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OR DUE TO	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	28. PLACE OF DEATH (C. THER: WORK? M 1 YES 2 NO	Check only one 28d. OES 281. LOC	24e, WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO 1 YES 2 NO T (Specify) CRIBE HOW INJURY OC	24b. WE AM CO OF 1 [Interval Between Onset and Daeti And
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Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions CDPS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Destural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR DUE TO	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	28. PLACE OF DEATH (C. THER: WORK? M 1 YES 2 NO	Check only one 8 Other 28d. OES	24e. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO 8) 7 (Specify) CRIBE HOW INJURY OC ATION (Street and Number Town, State)	24b. WE AW CO OF 1 [Interval Between Onset and Daet Onset and Daet Onset and Daet Onset and Daet Onset O
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident Investigation determined 29a. CETIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR DUE TO	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	26. PLACE OF DEATH (COMPANY AT WORK? A Company of the underlying cause given in the underlying	Check only one 8 Other 281. LOC: City of ue to the cau he time, date	24e. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO (Specify) CRIBE HOW INJURY OC ATION (Street and Number fown, State) 100 Place, and dua to to to to to to to to to to to to to	24b. WE AW CO OF 1 [Interval Between Onset and Daet CRE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions COPO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	DUE TO (OR DUE TO	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	26. PLACE OF DEATH (COMPANY AT WORK? A Company of the underlying cause given in the underlying	Check only one 8 Other 28d. OES 28f. LOC. City of the cause of the	24e. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO 1 YES 2 NO TO (Specify) CRIBE HOW INJURY OC ATION (Street and Number Town, State) 10 YES 2 NO 29 NO ATION (Street and Number Town, State)	24b. WE AWAY CO OF 1 [CURED or Or Rural Route ated. The cause(s) en	Interval Between Onset and Daet The State of the State o

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	TO BE COMPLETED BY FUNERAL D
	CERTIFICATION
	MEDICAL
	PHYSICIAN:
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO

REGISTRAR		CERTIFIC	AIE OF	DEATH	REG. NO		
1. DECEDENT'S HAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AV \	3. TIME OF DEATN
SARA BRO	OWNELL	DOYLE			01 25		990 10:20 A.
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign Country)
013-03-6766	1 M 2 XF	80 YRS.	ONTHS DAYS	HOURS MIN.	MARCH 24,	1909	MASSACHUSETTS
9s. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATN
616 Woodside Par	rkway		Silve	er Spring		Mon	ntgomery
RESIDENCE OF DECEDENT	2	45. 0177	TOWN OR LOCA				
		10c. C111,					10d. INSIDE CITY LIMITS?
MARYLAND Too. STREET AND NUMBER	MONTGOMERY			R SPRING		I	1 YES 2 NO
	DADIZITATE		10	I. ZIP CODE			N OF WNAT COUNTRY?
	PARKWAY			2091			SA
11. MARITAL STATUS 1 Never Merried 2 Married 3 XWIdowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XNO	If yes, sp		NIC ORIGIN? (Specify Yenn, Puerto Ricen, etc.)	or No—	6. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDI		16a. DECEDENT'S US	SUAL OCCUPATI	ON	16b. KIHO OF BU	SINESS/INDUS	BTRY
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	rk done during mo retired.)	ost of working			
	2	HOMEMAKE	R				
17. FATNER'S HAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumama)	
HARRISON A. CH	ASE			ELIZA	B. BROWN	ELL	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural	Route Number, City or Tox	n, State, Zip C	ode)
PRISCILLA ANNE K	LINE (DAUGHT)	ER) 9619 S	UTHERL	AND ROAD	. SILVER S	PRING.	MARYLAND 209
METHOO OF DISPOSITION	20	b. PLACE OF DISPOSIT					ty or Town, State
□ Burtel 2 □ Cremetion 3 □ Rer	noval from State	ARLINGTON	NATION	AL CEMET	ERY ARL	INGTON	, VIRGINIA
1. SIGHATURE OF FUNERAL SERVICE L			22 HAME A	NO ADDRESS OF F	CILITY		
* Michael	I. Bigle	ر	FRANC 500 U	IS J. CON	LLINS FUNE Y BLVD., W	RAL HO	ME, INC. SP., MD 2090
disease or condition resulting in death) Sequentially list conditions,	b chronic my	A CONSEQUENCE OF)	disease	•			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c,	A CONSEQUENCE OF):					
PART II. Other significant condition	one contributing to death	but not resulting in	the underful	or course often in	Part i. 24e, WAS AI	ALITOPEV	24b. WERE AUTOPSY FINOING
		out not resulting in	the underlyin	ig cause givan ii	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
None					1 TYES	2 X NO	OF DEATN?
25. WAS CASE REFERRED TO MEDICAL	1		26. F	LACE OF OEATN (C	heck only one)		
EXAMINER? 1 TY YES 2 NO	HOSPITAL:		OTHER:		6 Other (Specify)		
27. MANNER OF DEATH	260. DATE OF INJURY		-	JURY AT	28d. DESCRIBE HOW	IHJURY OCCU	JRED
1 Natural 5 Pending	(Month, Day, Year)	INJU		ORK? YES 2 NO			
2 Acoldent Investigation 3 Suicide 6 Could not be	26e, PLACE OF INJUE	Y At home, farm, str			26f. LOCATION (Street	and Number o	or Rural Route Number
4 Nomicide 6 Could not be determined	building, etc. (Sp	ecify)			City or Town, Stati))	
(Check only	SICIAN: To the best of my kno tER: On the basis of examinat						d. ceuse(e) and menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFE	ER Deputy Med	ical Exam	iner	29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)
Colo 425 1	FRANCE	7_	2	D099	75	0	1/25/90
30 NAME AND ADDRESS OF PERSON W	INO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Rrint)				
John S. Rogers,	M.D., 1919 S	Seminary R	oad S	lver Spr	ing. Monte	omerv	, MD 20910
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE		- Long	-10210	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20/20
JAN 30'90	- guir Vai	In Mandall	and a				



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EIMF	irst, Middle, Last)	Elma 7	Dot	ter	Dot	ter		OATE OF OEATH	7 9	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA			ATE OF BIRTH	1	6. BIRTHE	PLACE (State or Foreign
2.149801	245	1 M 2	83	YRS.	4		- 4	1-12-6	6		Wisconsin
	an Hosp				96. CITY, TOW	N OR LOCATIO	etheso	la	9c. COU	Mon	tgomery
10a. STATE	DENCE OF DECEDENT ATE 10b. COUNTY			10c, CIT	y, town or Lo Washin	gton,	D.C.				10d. INSIDE CITY LIMITS? 1 YES 2 NO
1911 F	R St. N.	. W .				101. ZIP CODE	0009		10g. CITI	U. S	A. A.
1 24					If yes		, Maxican, Pu	RIGIN? (Specify Ye arto Rican, atc.)	a or No—	a or No— 14. RACE — American Indian, Black, White, atc. Specify: White	
	DECEDENT'S EDUC			DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUP work done during se retired.)	ATION most of working		16b. KIND OF BU	ISINESS/INC	DUSTRY	
12	()	2	E	Editorial Assistant National News					vslet	ter	
17. FATHER'S NAME (First	Middle, Lest) Willia	am Dotte	er			18. MOTH		irst, Middle, Malder ertha Z			
19a. INFORMANT'S NAME	E (Type/Print)			19b. MAILING	ADDRESS (Str	eet and Number o	or Rural Route	Number, City or Tox	vn, State, Zic	Code)	
Ruth Dott	er			1911	R St. N	W, Was	hingto	on, DC 2	20009		
20s. METHOD OF DISPOSITION 1											
21. SIGNATURE OF FUNE	RAL SERVICE LIC	ENSEE	la	~				y Joseph av., Was			Sons DC 20016
23. PART i. Enter the shock, or IMMEDIATE CAUSE (disease or condition resulting in death)	r hesrt failure. Finsi	List only one car	use on each i	Me	tasta	of Co	Ca	rcinom.	2		Approximate interval Betwee Onset and Dea
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
cause. Enter UNDER CAUSE (Disease or I that initiated events								i 24a MMC A	N AUTOPSY	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO
cause. Enter UNDER CAUSE (Disease or I that initiated events	AST	dns contributing to	death but no	ot resulting	in the under	ying cause g	iven in Part	PERFO			COMPLETION DF CAUSE OF DEATH?
cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L	AST	ds contributing to	death but no	ot resulting	in the under	ying cause g	iven in Pari	PERFO			COMPLETION DF CAUSE
cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L	AST Condition	HOSPITAL:			OTHER:	8. PLACE OF DB	EATH (Check o	PERFO			COMPLETION DF CAUSE OF DEATH?
cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L PART II. Other signif	AST Condition	HOSPITAL: 1 Inpution: 2 28e. DATE OI	ER/Outpation	1 3 DOA	OTHER: 4 Nursing	8. PLACE OF DE	EATH (Check o	PERFO	2X NO	CURED	COMPLETION DF CAUSE OF DEATH?
cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L PART II. Other signif 25. WAS CASE REFERREL EXAMINER? YES 2 NO 27. MANNER OF DEATH Natural 5	AST Condition	HOSPITAL: 1 Inpution: 2 28e. DATE OI	XER/Outpetion	1 3 DOA	OTHER: 4 Numing	8. PLACE OF DE	ATH (Check o	PERFO 1 YES nly one) Other (Specify)	2X NO	CURED	COMPLETION DF CAUSE OF DEATH?
cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L PART II. Other signiff 25. WAS CASE REFERREL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	D TO MEDICAL	HOSPITAL: 1 Inpertent 2 28e. DATE 0 (Month, i)	SER/Outpatien F INJURY Jey, Year)	t 3 ☐ DOA	OTHER: 4 Numing	8. PLACE OF DE Home 5 Red INJURY AT WORK?	EATH (Check o	PERFO 1 YES nly one) Other (Specify)	2X NO		COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L PART II. Other signif 25. WAS CASE REFERREL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only 1 C	Pending Investigation Could not be determined ERTIFYING PHYSI	HOSPITAL: 1 Inpertent 2 i 26s. DATC (Month, i 26s. PLACE obuilding	ER/Outpatien FINJURY Joy, Year) OF INJURY — A atc. (Specify)	t 3 DOA 28b. TH IN t home, farm,	20THER: 4 Nursing ME OF 28c JURY M 1 street, factory,	8. PLACE OF DE Home 5 Ret INJURY AT WORK? YES 2 offica	ATH (Check of seldence 6 26c NO 28f and due to ti	PERFO 1 YES Other (Specify) Describe How LOCATION (Street City or Town, State the cause(a) and m	2 NO INJURY OC and Numbe	r or Rural R	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L PART II. Other signiff 25. WAS CASE REFERREL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only 1 C	Pending Investigation Could not be determined ERTIFYING PHYSI EDICAL EXAMINE	HOSPITAL: 1 Inpetient 2 if 26e. DATE Of (Month, if 26a. PLACE of building	ER/Outpatien FINJURY Joy, Year) OF INJURY — A atc. (Specify)	t 3 DOA 28b. TH IN t home, farm,	20THER: 4 Nursing ME OF 28c JURY M 1 street, factory,	s. PLACE OF DE Home 5 Res INJURY AT WORK? YES 2 Deffice date and place, on, death occurs	ATH (Check of seldence 6 26c NO 28f and due to ti	PERFO 1 YES Other (Specify) DESCRIBE HOW LOCATION (Street City or Town, State the cause(a) and many details and place, to the cause of the cause	2 NO INJURY OC and Numbers)	r or Aural A Hed. he cause(s)	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L PART II. Other signiff 25. WAS CASE REFERREI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2	Pending Investigation Could not be determined ERTHFVING PHYSI DEDICAL EXAMINE THE OF CERTIFIED S OF PERSON WH	HOSPITAL: 1 Inpetient 2 if 26a. DATE Of (Month, if 26a. PLACE of building ICIAN: To the best of ER: On the basis of of	ER/Outpatien FINJURY Joy, Year) OF INJURY — A atc. (Specify) If my knowledge examination and	29b. THIN 29b. THIN thome, farm, death occur for investigati	20THER: 4 Nursing ME OF 28c JURY M 1 street, factory,	s. PLACE OF DE Home 5 Res INJURY AT WORK? YES 2 Deffice date and place, on, death occurs	EATH (Check of peldence 6 25c NO 28f 28d PERFO 1 YES Other (Specify) DESCRIBE HOW LOCATION (Street City or Town, State the cause(a) and many details and place, to the cause of the cause	INJURY OC and Number	r or Rural R	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Dute Number,	

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been slaned by the attending physician and completely filled in by the funeral director, page 5 should be detacht be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	9	y filler tion,	the	l
OX 13146,	te be executed within	rsician and completely prior to burial, crema	traumatic event,	
<u>m</u>	rtifica	g phy iene	ther	
0	h cer	Hyg	0 0	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	aw requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	3 shows any injury,	
AL	The k	te has	em 2	
5	IAN:	rtifica e Sta	or it	
F	1YSIC	is cel	ed,	
IVISION	OR ATTENDING PH	JRECTOR: After the ours after death w	em 28 is mark	
۵	TO THE HOSPITAL (TO THE FUNERAL D	IMPORTANT: If it	

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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Sulcide

4 Homicide 29a. CERTIFIER

FOR 1 - STATE REGISTRAR	STATE OF M		DEPAR						IYGIENE REG. NO.		0 044	4 (
1. DECEDENT'S NAME (First, Middle, Las Gertrude	E .	Doole		IOATE	- 01	DLA		2. DATE OF Jan	DEATH	990°	3. TIME OF DEATH 4:00 P	• м
4. SOCIAL SECURITY NUMBER 214-74-1794	5. SEX 1 M 2 F	6. AGE (In yrs. las	9 2 YRS.	MONTHS	1 YEAR DAYS	IF UNDE	A 24 HRS.	APRIL	BIRTH 19. 2 ^{6ar)} 1897	6. BIRT	HPLACE (State or Foreig	n
98. FACILITY NAME (If not institution, give FOX CHASE NURSINGE OF DECEMENT	NG HOME					R LOCAT				NTGON		
100. STATE 10b. COU		ERY	10c. CIT	Y, TOWN O		SPR:	ING		MIN		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 10000 BRUNSWICK	AVENUE, #	625			101	. ZIP COD	209	10	10g. C	USA	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	AMED NO		If yes, sp	ENDENT Cub	an, Maxici	an, Puarto Rica	specify Yes or No— n, atc.)	14. RAC Blac Spec	E — American Indian, k, White, atc.	
15. DECEDENT'S E (Specify only highest grid Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	(G life	ECEDENT'S Sive kind of DO NOT U	work done ise retired.)	CCUPATIS during mo	ON sl of work	ing	16b. KIN	ND OF BUSINESS/I	NDUSTRY		
17. FATHER'S NAME (First, Middle, Last) FRANK REVILL	E						HER'S NA ARAH		Ne, Maiden Surname AVIS)		
WOODROW E. DOO:	LEY (SON)								City or Town, State, ILLE, MA		ND 20853	
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 R 4 Donation 5 Other (Specify)		20b. PLACE other pi	lace)	CEMET	ERY				ROCKVII		MARYLAND	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE BE	aler		FF	RANC:		. CO	LLINS	FUNERAL		, INC. SP., MD 20	090
23. PART i. Enter the diseases, t ahock, or heert failui IMMEDIATE CAUSE (Final											Approximate Intervel Betw Oneet end D	veen
disease or condition resulting in deeth)	a. CON C	OR AS A CONSE	OUENCE O	HS)	R		ALI	Lure			1 41	2
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	C L)F):	+	+6/	YT		S CAT	e	13 7	V.
CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A CONSE	OUENCE O	F):								
PART II. Other significent condit	ilons contributing to	deeth but not	reculting	in the u	nderlyin	g cause	given in		e. WAS AN AUTOPS PERFORMED?	24 24	b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?	ISE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 & Nu	R:			heck only one) 6 Other (S)	pecify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, Da	INJURY ly, Year)	26b, TIR	-	28c. IN.	URY AT PAK? YES 2			BE HOW INJURY	OCCURED		

2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated 296, SIGNATURE AND TITLE OF CENTURE 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CNARD

32. REGISTRAR'S SIGNATURE

On Tavidson Pandall

26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

JAN 30 '90

6 Could not be determined

TO BE COMF	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with Jrs after death. Page 6 may be retained by the hosp
BALLIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE OF MARYLA REGISTRAR	ND / DEPART			MENTAL HYGIEI REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) PAUL VINCENT DREW				2. DATE OF DEATH MONTH Feb. 6,	PAY YE. 1990	3. TIME OF DEATH 9:05 a. M			
	214-05-4491 1RM20F 7	3 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		1916	BIRTHPLACE (State or Foreign Country) Maryland			
ноя	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Western Maryland Center-1500 pennsylvania Ave. Hagerstown, MD 21740 Washington									
DIREGTOR	Maryland Allegany		10c. CITY, TOWN OR LOCATION Cunberland.				10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
=	10e. STREET AND NUMBER	044		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
EB/	Box 221 Mt. Savage Road		21502				USA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN IT FORCES? 1 Tyes IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerlo Rican, etc.)					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S US	SUAL OCCUPATION done during moretined.)	ON at of working	16b. KIND OF BI	JSINESS/INDUST				
PE	Elementary/Secondary (0-12) College (1-4 or 5+)		orer		Br	ewery				
OM	17. FATHER'S NAME (First, Middle, Last)		01 01	18. MOTHER'S N	AME (First, Middle, Maide	- Y				
	George W. Drew				el Blanc	,				
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street a		Route Number, City or To					
10	Mrs. Gladys Engle	Box 2					land, Md			
	Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	other place)	t Memo	rial P	ark Cu	ocation — chy	nd, MD			
	at signature of Funeral Service Licenses	ato		r Fune:	130	2 Nat'	l Hwy. aVale,MD			
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.	ch line.	a	da or dying, aud	on as cardiac or rea	pratory arreat,	Approximata Interval Batween Onast and Daath 2 Weeks			
MEDICAL	PART II. Other algorificant conditions contributing to death bu CHF, ASCVD, Diabetes melli- sacrum				Part I. 24s. WAS A PERFC 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PI	ACE OF DEATH (C	heck only one)					
YSI	1 YES 2 NO 1 Inpetient 2 ER/Outpet			e 5 🗆 Reeldence	6 Other (Specify)					
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME INJUI	RY WC	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED			
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 2 I MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner se stated.									
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	. 01	W 4 4	29c. LICENSE NU	MBER	29d, DATE SIG	GNED (Month, Day, Year)			
TO B	Rose M. Chan, M.D. WU N	1. C/A	1 M	D26416	5	Fei	b. 6, 1990			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA ROSE M. Chan, M.D. 1500 Pen	nsylvani		Hagerst	cown, MD	21740				
	31. DATE ELLED (MONTE) OF 1990 Sin 2 32 REGISTRAR'S OF GONA	URE								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires may the death certificate be executed within 24 founds after death. Page to may be retained by the hospital of an	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	peli	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STA		STATE OF MARYL	AND / DEPART			MENTAL HYGIEN				
	DENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH		
	ELIA JANE DIXO					02 - 11 -	- 1990	12:05 P.M.		
215	5368651	1 - M 2 X F 7	O YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 17 19	19 MAI	RYLAND		
SAC	LITY NAME (If not institution, give s CRED HEART HOS ENCE OF DECEDENT			CUMBERT	AND	EATH	9c. COUNTY OF	Y COUNTY		
10a. STAT	TE 10b. COUNTY					10d. IN:				
10e. STRI	RFD# 1 BOX#	10f. ZIP CODE				DDE 10g. CITIZEN OF WHAT CO				
1 🗌 Nav	TAL STATUS TAL STATUS ver Married 2 Married dowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	V U.S. ARMED 2 X 140 ATES	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	a or No— 14. RAG Bla	CE - American Indien, ck, White, atc.		
Eleme	15. DECEDENT'S EDU (Specify only highest grade entery/Secondery (0-12)	Cation completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use HOUSEWI	rk done during mo retired.)	ON st of working	16b. KIND OF BU	SINESS/INDUSTRY			
17. FATHE	ER'S NAME (First, Middle, Last)		HOODENT		18. MOTHER'S NA	ME (First, Middle, Malder				
	PERRY L. B	ARNES			TZORA	RYAN				
19a, INFO	ORMANT'S NAME (Type/Print)	DTHON	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RFD#1 BOX# 130 LITTLE ORLEANS, MARYLAND							
	THOMAS ELMER									
1 A Buri	THOD OF DISPOSITION rial 2 Cremetion 3 Ram netion 5 Other (Specify)	oval from State	AIRVIEW C	HRTSTTA	netery, crematory or		ESMITH,			
	OF FUNERAL SERVICE IN			SILCO	ND ADORESS OF FA		HOME	MADVI AND		
iMMEDi disease reaultin Sequen if eny, i ceuse. CAUSE that init	RT I. Enter the dieeeaes, pr shock, or heart failure. is a condition of indexth in the	a. DUE TO (OR AS A DUE TO (OR AS A C.		me	Par		iratory erreet,	Approximete interval Between Onset and Deat 2 MM 309		
PART II	Other eignificent condition A Vascular (out not resulting in				RMED?	Ab. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C/	neck only one)				
	MINER?	HOSPITAL:		OTHER: 4 - Nursing Hor	ne 5 🗆 Residenca	e Other (Specify)				
NO.	NER OF DEATH Netural 5 Pending Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY W	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED			
3 🗆	Suicide 8 Could not be Homicide detarmined	26e. PLACE OF INJURY building, atc. (Soe	f — At home, farm, sti clly)	reet, factory, offic		281. LOCATION (Street City or Town, State		I Route Number,		
29e. CER (Cheone)	ock only	ER: On the best of my know						e(a) and menner as stated.		
29b. SiGi	NATURE AND TITLE OF CERTIFIE		non)	29c. LICENSE NU			ED (Month, Day, Year)		
	E AND ADDRESS OF PERSON WI		SETON DRI		MBERLANI), MD 215	02			
31. OATE	FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	IATURE				71177			

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Las	M.	DEVO.	RE		2. DATE OF DEATH DA	9 90	3. TIME OF DEATH M
	4. SOCIAL SECURITY NUMBER 427-12-4526	1 M 2 KF 7	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yeer) NOV 9, 1918	Coun	NPLACE (State or Foreign try) SSISSIPPI
HC	90. FACILITY NAME (If not institution, given Shady Grove Adv		tal	Rockvi	OR LOCATION OF DE	ATN	9c. COUNTY OF	DEATN
5	RESIDENCE OF DECEDENT						Honege	omery
DIRE	MD 100. STATE 100. COUR	tgomery		ry, town or Local erwood	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	7301 Mill Run D	m.1		10	1. ZIP CODE		10g. CITIZEN OF	WNAT COUNTRY?
JNE	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13 WMS DE	20855	IC ORIGIN? (Specify Yae	United	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	DATESXX	It yee, o		n, Puerto Ricen, etc.)	Blec	E — American Indian, kk, Whita, etc.
ED	15. DECEDENT'S Et (Specify only highest gra		(Give kind of	S USUAL OCCUPATI		16b. KIND OF BUS	INESS/INDUSTRY	
APLE!	Elementary/Secondary (0-12)	College (1-4 or 5+) 4	Secer	etary		Insur	ance	
COMPL	17. FATNER'S NAME (First, Middle, Last) Hal J. Jones					ME (First, Middle, Malden		
n n					_	B. Trolle:		
2	Stan Hummer					Route Number, City or Town		55
	20e. METNOD OF DISPOSITION Buriel 2 Cremetion 3 Re	emoval from State	ob. PLACE OF DISPO other place) Maplewoo	SITION (Name of ce	metery cremetory or	20c. LO	CATION — Cily or T	own, Stata
	Se apprinting on whicher adults		Tapiewoo		NO ADORESS OF FA		nam, N.C Funeral	
	AN Char	can		10 E	ast Deer	Park Dr.		ноте
NO.	23. PART I. Enter the diseases, pahock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. CHRONIC OUE TO (OR AS	OBST	DEUCTIKE DEI:				Approximate Interval Between Onest and Daath
FILCALION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С.	A CONSEQUENCE (
		d						+
N: MEDICAL	PART II. Other eignificent conditions of the Con		partie	[2 mo	the prior		MED?	b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch			
PHYS	1 YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Ou 28s. DATE OF INJURY (Month, Day, Year)	7 28b. Til	ME OF 28c. IN	JURY AT ORK?	8 Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigatio 3 Suicide 9 Could accide	28a. PLACE OF INJUR	RY — At home, farm,		YES 2 NO	281, LOCATION (Street 4	and Number or Rural	Route Number,
EIED	4 Homicide determined					City or Town, State)		
OMPLE	anal .	YSICIAN: To the best of my known NER: On the basis of examinat						(e) end menner ee stated.
DE C	200. SIGNATURE AUGUSTITUS OF CONTIN	hrenberg	MI).	D 265	740	19-	0 (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	hoen bege	DEATN (ITEM 27) (Typ	6 220	Freder	ick Rd.	69,5	Thesobyreg.
	31. DATE FILED (Month, Day, Year) FEB 01 '90	32. REGISTRAR'S SIG	enature don Rondo	00				

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46	physician.	burial-transit permit Pro-	
, MARYLAND 21203-31	be retained by the hospital or attending	ge 5 should be detached for use as the	e notified at once.
BALTIMORE	urs after death. Page 6 may	filled in by the funeral director, parties on, or removal.	event, the medical examiner must b
JOF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be delached for use as the burial-transit permit read to the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remoral.	HPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	TO THE HOSPITAL DR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with the	IMPORTANT: If Item 28 Is marked,

1 -	REGISTRAR	OINIE OI I	CE	ERTIF	ICATE	OF D			MENIAL	REG. NO.	17		
1. [JESSE	M. DONI	V. JA	2.					2. DATE OF	- 2	9- 9	O AR	3. TIME OF DEATH
	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	-	IF UNDER 1 Y	\rightarrow	F UNDER	24 HRS. MIN.	7. DATE OF (Month, I	Day, Year)		Count	
	78-01-1874 FACILITY NAME (If not ingitiution,	1 M 2 F	85	YRS.	9b. CITY, TO	****	00171	011 05 01	FEB.	29, 1		WAS	HINGTON, DO
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	ESIDENCE OF DECEDER		110-11		1/	110	411	100	116		13/	RE	JORGE
		OUNTY	· morr	10c. CIT	ry, town or i								10d. INSIDE CITY LIMITS?
	ARYLAND	MONTGO	MERY		SI	-	R S.	PRIN	IG		100 CIT	TEN OF	1 YES 2 NO
	2601 LAYHILL H	20AD #T-1				101. 21		906			US		WHAI COUNTRY?
-	MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.S. AR	MEO			OENT C	F HISPAI	NIC ORIGIN?			14 BACI	E — American Indian,
10	Never Married 2 Married Widowed 4 N Oivorced		YES 2 X	90				n, Maxica Specif	nn, Puarto Ric ly:	an, atc.)			k, White, etc.
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	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ESSM	AN				GO	VERNM	ENT	PRIN	TING OFFICE
	FATHER'S NAME (First, Middle, La					11			AME (First, Mic				
		I, SR.						RTHA		CHIL			
M	ARY B. BLUND	,	STER) 1	2601		LL E	ROA	D, #			,	/	, MD 20906
1 1	METHOO OF DISPOSITION A Burlel 2 ☐ Cremetion 3 ☐ Donetion 5 ☐ Other (Specif)		other pi	lace)	LL CEM			natory or			TI.AN		own, Stata ARYLAND
21.	SIGNATURE OF FUNERAL SERV	ICE LICENSEE			22, NA	ME AND	ADDRE	SS OF FA					
	Refut. 3. PART I. Enter the disease	Maclary	/		500	UN	IVE)	RSIT	Y BLV	D.W.,	SIL	. SP	, INC.
Si If Ci Ci th	equantielly list conditions, any, leading to immediate sus. Enter UNDERLYING AUSE (Disease or injury let initiated events south the sustained in death)	oue To		OUENCE CO	Cleb Shic	050		n	T GA	to Ha	nir	oleg	Interval Betweer Onset and Deatl
P/	ART ii. Other significent cor	aditions contributing to	death but not in the constant of the constant	resulting - 9	12 (al	PERFOR	RMEO2	248	b. WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25.	WAS CASE REFERRED TO MEON EXAMINER?	CAL HOSPITAL:		001	OTHER:	26. PLAC	E OF O	EATH (C	heck only one)				
-	1 YES 2 NO	1 1 inpatient 2	☐ ER/Outpatient 3		4 🗆 Nurein		_	aldence	6 🗆 Other (
	MANNER OF OEATH 1 Natural 5 Pendin 2 Accident Investig	9	F INJURY Day, Year)	28b. TII	JURY	c. INJUR WORK	(?] NO	26d. DEŞC	RIBE HOW I	NJURY OC	CUREO	
	3 Suicide S Could to determine	tot be building	OF INJURY — At he , atc. (Specify)	oma, farm,	atreet, tectory	offica				TON (Street Town, State,		er or Rural	Route Number,
29	anal	PHYSICIAN: To the best of											a) and manner as stated.
29	b. SIGNATURE AND TITLE OF CE	RTIFIER	¿A.	11/0	Mma	11/13	e. LIC	ENSE NU	MAER		29d. DA		Month, Day, Year)
30.	NAME AND ADDRESS OF PERS	ON WHO COMPLETED CALL	AH A	M 27) (7)	Print	NAN	子	MA	PHIE	1.	M	, 20	212
31.	DATE FILED (Month, Day, Year)		AR'S SIGNATURE		MILL								

Jense Milonna JR

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation and	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medit
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DOTOTHY ROSELLA EDWARDS 1. SIZE A RACE by its but ombig year and a remote year and a remote year and a remote year and a remote year and a remote year and a remote year and a remote year and a remote year and	C PRODUCT TO MARKE (butch I Hithelia I and)	CE	ERTIFICATE O	PUEATH	REG. NO.		3. TIME OF DEATH
4. SOCIAL SCURITY NUMBERS S. SEX S. AGE (Prys as a surprising) 4. SEX S. ORE OF BITTING S. S. ORE	CENCH S NAME (First, MICON, LINS)	Dorothy Door	מינים בלוים	~dc	MONTH DA		
STREAT HOME FOR SHARE (PINE ALLER OF DECENDENT) At her home STREATH HOME FOR SHARE (PINE ALLER OF DECENDENT) At her home STREATH HOME STREATH HOME SECONDY OF EARTH ALL POODE STREATH HOME STREATH HOME SECONDY OF EARTH THE COUNTY MATYLAND AND MANUSCRIPT THE COUNTY MANUSCRIPT AND MANUSCRIPT THE COUNTY MANUSCRIPT AND MANUSCRIPT THE COUNTY MANUSCRIPT AND MANUSCRIPT THE COUNTY THE COUNTY AND MANUSCRIPT THE COUNTY THE COUN	CIAL SECURITY NUMBER / 5.				7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
The Country Mark (five installation, jour sized and number) At her home Residence of processor No. STITLE AND NUMBER AT JOHN STANDAY STAND	78-28-0001	□ M 2 □ F 61	YRS. MONTHS DAY	A HOURE MIN.			
The STORE OF DECEDENT OB. STATE OB. COUNTY Maryland Ouen Anne's Stevensville W. Brode W. STREET AND NAMED N. STREET AND NAMED			9b. CITY, TOV	VN OR LOCATION OF D			
MARTNL SINUS 11. WAS DECEMENT'S EDUCATION 12. WAS DECEMENT'S EDUCATION 13. DECEMENT'S EDUCATION 14. DECEMENT'S EDUCATION 15. DECEMENT'S EDUCATION 16. DECEMENT'S EDUCATION 16. DECEMENT'S EDUCATION 16. DECEMENT'S EDUCATION 17. DECEMENT'S EDUCATI				Stevensv	ille	Queen	Anne's
The control of the co	STATE 10b. COUNTY		10c. CITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
1. MARTINE STATUS 1. MARTINE ST		Anne's	S		lle		1 TYES 2 NO
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Julie Davidson-Randall

BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the hier within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	De ea	ior to	raum
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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH	8.	BIRTHPL	ACE (State or Foreign
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	9a. FACILITY NAME (If not institution, give :				9b. CITY	r, TOWN C	OR LOCATI	ON OF DE	EATH 9c. COUNTY OF DEATH				Н
OR	5422 Moose 1o	dge Roa	d			Can	nbri	dge			Do	che	ster
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT												
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ЕС	Austin Arth	ur Elz	ey				R	ose	Lill	ian	Grav		
00	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a			Route Number,		- all	ode)	
5	June N. Elzey												. 21613
	20e. METHOD OF DISPOSITION		20b. PLA	CE OF DISPO							CATION - CIF		
	1 N Burlel 2 □ Cremetion 3 □ Rem 4 □ Donetion 5 □ Other (Specify)	noval from State		rches	ter	Men	nori	a 1	Park		mbrio		
	21. SIGNATURE OF MUNURAL SERVICE LI	CENSEE					ND ADDRE						1 Home
1	D 64 1.71)			7	00 T	OC11	st.					. 21613
	23. PART I. Enter the diseeses, or	الاسترام)	A	death De									
	ehock, or heart feiture.	List only one ceu	se on each i	line.	not enter	the mo	ide of dy	ing, suc	n es cerdied	or respi	ratory arres	τ,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition		7.										Onset and Deeth
	resulting in death)	Girt	OR AS A CON			arr	est						immed.
			•		•	inf	2 20	+ 101	n				5 min.
CERTIFICATION	Sequentially list conditions,												
AT	ceuse. Enter UNDERLYING												
잂	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
E	resulting in death) LAST												
	0.												
DICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. diabetes mellitis										FRE AUTOPSY FINDINGS		
음	QIADO	etes me.	LIITIS	<u> </u>					t	YES 2	□ NO		OMPLETION OF CAUSE DEATH?
ME												11	YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF C	EATH (Ch	eck only one)				
YSI	1 TYES 2 NO	1 Inpatient 2 \$	ER/Outpatient	t 3 □ DOA			10 5 A	saldence	8 Other (S	pecify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TII	AE OF JURY	28c. INJ WC	URY AT		28d. OESCR	BE HOW I	JURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				М	1 🔲	YES 2] NO					
Q	3 Suicide 8 Could not be		F INJURY - At atc. (Specify)	t home, farm,	atreet, fac	tory, offic				ON (Street a	nd Number or	Rural Rout	e Number,
ETED	4 Homicide determined												
7	29a. CERTIFIER t CERTIFYING PHYS	ICIAN: To the best of	my knowledge	, death occur	red at the	time, date	end place	, and due	to the cause(a) and man	ner as stated		
COMPL	one) 2 MEDICAL EXAMINI												nd menner as stated.
E C	296. SIGNATURE AND TITLE OF CERTIFIE	in .					29c. LIC	ENSE NU	MBER		29d. DATE S	IGNED (M	onth, Day, Year)
0	Clust mund Do	harles l	M. Bri	igas.	M.I	0.		D27	184				B 90
2	30. NAME AND ADDRESS OF PERSON WI												

Lulia Davidson-Randolo



31. OATE FILEO (Morith, Day, Year)
FEB _ 5 '90

ARMED Joc. CITY, TOV Aberde Aberde Aberde Aberde Aberde ABMED John NOT use retin Appervisor John Mailing Addition Ace of disposition of pisce) Ford Memo	MNOR LOCATION CITY, TOWN OR LOC AVRE WN OR LOCATION CEN 10f. ZIP C 210 13. WAS DECENOEN If yes, specify C 1 YES XX AL OCCUPATION MOD AL OCCUPATION MOD AL OCCUPATION MOD AL OCCUPATION MOD Norme during most of we MOD NORME OF COMMENT OVA NORME OF COMMENT OVA NORME OF COMMENT OVA NORME OF COMMENT OVA OF TIAL GAR OVA OVA OF TIAL GAR OVA OVA OVA OVA OVA OVA OVA O	ADDER 24 HARS. TO AMEN. AND AME	PRIGIN? (Specify Yee or lerto Rican, etc.) 16b. KIND OF BUSINE US—Go First, Middle, Maiden Sur ae Bryant Number, City or Town, S more, Md.	14 NX 14 NX 16. COUNTY OF E AR 19. CITIZEN OF V USA No- 14. RACE Spec ESS/INDUSTRY DVETTITE: Traine) 21207 TION — City or To	10d. INSIDE CITY LIMITS? 1 □ YES 2 ₺ NO WHAT COUNTRY? E — American Indian, k, White, etc. Why Black
ARMED ARMED ABOUT SO NOT US Refined to Market of Marke	CITY, TOWN OR LOC AVRE WN OR LOCATION CEN 101. ZIP C 210 13. WAS DECENOEN If yes, specify C 1 U YES 2X I AL OCCUPATION More during most of ward. FOOD Ma 18. N St RESS (Street and Num Dydon Rd. N (Name of cemetery. Drial Gar	Secation of Death DE G CODE OO 1 NT OF HISPANIC O CAUDSIN, Mexican, Pano No Specify: ACTHER'S NAME (I CELLA M Index or Rural Route A Balti: Cremetory or Codens	RIGIN? (Specify Yee or serto Rican, etc.) 18b. KIND OF BUSINE US—Go Number, City or Town, S MOTE, Md.	og. CITIZEN OF V USA NO— 14. RACI Blace Spec ESS/INDUSTRY DVE::TIME 21207 TION — City or To	10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY? E.— American Indian, k, White, etc.
Aberde ARMED O OECEDENT'S USUA (Give kind of work of the Do NOT use rein upervisor 19b. MAILING ADDR 3408 Cro ACE OF DISPOSITION or piece) ford Memo	101. ZIP C 210 13. WAS DECENOEN If yes, specify C 1 VES X AL OCCUPATION fone during most of we red. C, FOOD Ma 18. N St RESS (Street and Nur Dydon Rd. N (Name of cemetery, Drial Gar	on 1 Introf Hispanic of Cuban, Mexican, Pano Specify: Introfering Introduced International Internat	RIGIN? (Specify Yee or letto Rican, etc.) 16b. KIND OF BUSINE US—GC First, Middle, Maiden Sur AR Bryant Number, City or Town, S MOTE, Md.	USA No- 14. RACI Blac Spec ESS/INDUSTRY DVETNME! Stete, Zip Code) 21207 TION — City or To	LIMITS? 1 YES 2 NO WHAT COUNTRY? E.— American Indian, k, White, etc. Black
a. ARMED [NO] D. OECEDENT'S USUA (Give kind of work of life. Do NOT use retin LIPETVISOY 19b. MAILING ADDR 3408 Cro 3408 Cro ACE OF DISPOSITION of piace) FORM Memo	101. ZIP C 210 13. WAS DECENOEN If yes, specify C 1 VES XX AL OCCUPATION fone during most of w red.) 7. FOOD Ma 18. N St RESS (Street and Nur Dydon Rd. N (Name of cemetery, Drial Gar	on 1 Introf Hispanic of Cuban, Mexican, Pano Specify: Introfering Introduced International Internat	RIGIN? (Specify Yee or letto Rican, etc.) 16b. KIND OF BUSINE US—GC First, Middle, Maiden Sur AR Bryant Number, City or Town, S MOTE, Md.	USA No- 14. RACI Blac Spec ESS/INDUSTRY DVETNME! Stete, Zip Code) 21207 TION — City or To	E — Americen Indien, k, White, etc. "Black nt
o. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin uppervisor 19b. MAILING ADDR 3408 Cro Acce of Disposition of piace) ford Memo	13. WAS DECENOEN If yes, apecify C 1 VES TAIL AL OCCUPATION fone during most of weed. FOOD Ma 18. N St RESS (Street and Nur Dydon Rd. N (Name of cemetery, Drial Gar	orking anagemen mother's name (action of Aurel Route) anagemen mother's name (action of Aurel Route) anagemen mother's name (action of Aurel Route) anagemen commetory or	18b. KIND OF BUSINE US—Go First, Middle, Maiden Sur ae Bryant Number, City or Town, S more, Md.	No 14. RACIBIAC Specific State Specific	Black
(Give kind of work of kine, be NOT use relin upervisor 19b. MAILING ADDR 3408 Crc ACE OF DISPOSITION of place) FORM Memory	neess (Street and Nur Dydon Rd. N (Name of cemeter).	MOTHER'S NAME (I cella M mbor or Aurel Acute , Balti: cremetory or rdens	US-Go First, Middle, Meiden Sur ae Bryant Number, City or Town, S more, Md.	mame) t State, Zip Code) 21207 TION — City or To	
3408 Cro ACE OF DISPOSITION of place) ford Memo	Stores and Nur Dydon Rd. N (Name of cemeter); Orial Gar	tella M mber or Aurel Acute , Balti cremetory or tdens	ae Bryant Number, City or Town, S more, Md. 20c. LOCAT	State, Zip Code) 21207 TION — City or To	
3408 Cro ACE OF DISPOSITION of place) ford Memo	oydon Rd. N (Name of cemeter), Orial Gar	rdens	more, Md.	21207	
ford Memo	orial Gar	dens			Chata
			as III Fu Rd., Abin	neral H	ome PA
STAR SEGUENCE OF):	960 	ne l	-lem netasta	g Esco	Azeg 89
not resulting in the	e underlying ceu	se given in Par	24a. WAS AN AU PERFORME 1 YES 2 V	E0?	AWAILABLE PRIDR TO COMPLETION OF CAUSE OF OEATH?
	26. PLACE C	OF OEATH (Check of			
28b. TIME OF INJURY	26c. INJURY A WORK? M 1 YES	T 26	d. DESCRIBE HOW INJU	URY OCCURED	
At home, ferm, street,			I. LOCATION (Street end City or Town, State)	Number or Rural	Route Number,
			e, date end place, end c	due to the ceuse	
	-89c.	056	76	DATE SIGNE	(Month/Day, Near)
)	ige, death occurred at	ige, death occurred at the time, data and p ind/or investigation, in my opinion, death of	ge, death occurred at the time, data and place, end due to to and/or investigation, in my opinion, dash occured at the time.	City or Town, State) rge, death occurred at the time, data and place, end due to the ceuse(e) and menne and/or investigation, in my opinion, daeth occurred at the time, date end place, and the course of the time, date end place, and the course of the time, date end place, and the course of the	ge, deeth occurred at the time, data and place, end due to the ceuse(e) end menner as atated. Indior investigation, in my opinion, dasth occured at the time, date end place, end due to the ceuse(e) 29c. LICENSE NUMBER 29d. DATE SIGNET

MANITAND MANITAND	dram. Page 6 may be retained by the hosp	and director, page 5 should be detached	he medical examiner must be notified at once.	
DIVISION OF VITAL PROCEEDS, T.O. DOX 12148	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and control of the state of the state beat, of Health and Mental Hygiene prior to burial,	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

SINIL	. 01		DEPARTMENT ERTIFICATE		MEMIAL	REG. NO	
	_	 -			 	TIEG. ITO	-

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN				
	1. OECEOENT'S NAME (First, Middle, Last)	CLIZABETH		ECKERT		2. OATE OF DEATH MONTH DA		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 072 15 1908	1 D M 2 XXF 81	n yrs. last birthday) YRS.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07/15/190	6. BIRT	HPLACE (State or Foreign		
TOR	At Home Main St.	eet and number)		Still P	ond	of oeath 9c. county of death Kent				
DIRECTOR	100. STATE 10b. COUNTY Maryland Kent			y, TOWN OR LOCA	TON			10d. INSIDE CITY LIMITS? VER 2 NO		
FUNERAL	100. STREET AND NUMBER Main S	t.		10	21667		USA	2323		
В	11. MARITAL STATUS WICOWED 1 Never Merried 2 Merried 3 X Modowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Maxico 2(X)NO Special	NIC ORIGIN? (Specify Yee en, Puerto Rican, etc.) fy: NO	or No- 14. RAC Blac Spec	E — American Indian, k, White, etc. White		
COMPLETED	13. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of life. Do NOT us Laborel	USUAL OCCUPATION work done during mose retired.)	DN st of working	18b. KIND OF BUS	SINESS/INOUSTRY			
BE COM		e Nichols			18. MOTHER'S NA Chri	AME (First, Middle, Maiden stina Ke	Sumame)			
TO E	190. INFORMANT'S NAME (Type/Print) Christine Skove			asville,		Route Number, City or Tow 666 11	n, State, Zip Code) 1 Skove	Lane		
	20s. METHOD OF DISPOSITION BULL IN Buriel 2 Cremetion 3 Remo 4 Donetion 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICE	val from State Ca	other place)	22. NAME A	Jan. 30,	1990) New	Box # 2	N. York		
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between Onset end Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. A Theraclerate bleart 10 1945									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuser given in Part I. Prior Myseral Land Land Land Land Land Land Land Land									
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	atlent 3 (DOA	OTHER:	ACE OF DEATH (C)	heck only one) 6 Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIA	AE OF 28c. IN.	URY AT PRK?	28d. DESCRIBE HOW	NJURY OCCURED			
	3 Suicide 8 Could not be 4 Homicide detarmined	28e, PLACE OF INJURY building, etc. (Spec	— At home, ferm,	street, factory, offic		261. LOCATION (Street and Number or Rural Floute Number, City or Town, State)				
COMPLETED	one) —	RAN: To the best of my known: On the beels of examination						a) and manner ae stated.		
TO BE	280. SIGNATURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF THE		MD a, Print) n, Md. 2	29c. LICENSE NU D 31	979	▶ Jan.	28, 1990		
6	George M. Young 31. OATE FILED (Morith, Day, Year) JAN 29 '90	Julia Davidso	UURE		320	400	pita	K.		

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hosp
BALLIMORE, MARTLAND	DIVISION OF VITAL RECORDS, F.C. BOX 13149,

PINKNEY An	LINKNE	ANDRE	NS EAR	NSHAW J	2. DATE OF DEATH	RASY YEAR	3. TIME OF DEATH
	vonews	EAVN.	ShAU) JR		1990	12:30 P
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday			7. DATE OF BIRTH (Month, Day, Year)	8. BIR Cou	THPLACE (State or Foreign
578-46-6738	1 X M 2 D F	82 YRS.	MONTHS DA	HOURS MIN.	10-25-19		rvland
9a. FACILITY NAME (If not institution, give atm	rest and number)		9b. CITY, TO	WN OR LOCATION OF	DEATH	9c. COUNTY OF	
16400 McKendree Ro	oad		Bran	dywine		Prince	Georges
Maryland Princ	ce Geroge's		Brandyw				10d. INSIDE CITY LIMITS? 1 YES 2 NO
16400 McKendree Ro	oad			101. ZIP CODE 2061	3	10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 X 190	If ye		ANIC ORIGIN? (Specify Yecan, Puarlo Rican, atc.)	Spi	CE — American Indien, ck, White, atc. city:
15. DECEDENT'S EDUC			'S USUAL OCCU		16b. KIND OF BU	ISINESS/INDUSTRY	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	Iffe. Do NOT	of work done durin use retired.)	ng most of working			
11		Broke	r		Real.	estate	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Middle, Meider	Surname)	
Pinkney Andrews Ea	arnshaw, Sr	•		Bert	na Reese		
19s. INFORMANT'S NAME (Type/Print)					I Route Number, City or Tox		
Alice L. Earnshaw		1640	0 McKer	dree Road	, Brandywi	ne, Md.	20613
20s. METHOD OF DISPOSITION 1.1. Burlal 2 Cremation 3 Manual 4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF DISF	Memori	of cometery, crematory of al Garder	20c. LC	ocation - city or ldorf, M	
21. SIGNATURE OF FUNERAL SERVICENIC	ENSEI		22. NAM Hur	nt Funera	FACILITY	Md 20	60/:_0156
23. PART I. Enter the diseeas, or c ahock, or heart failure. I IMMEDIATE CAUSE (Final							Approximata Interval Betwee Onset and Date
disesse or condition resulting in death)	Krdak	M FAI	(von				1 4 wiks
Towarding in caudity	DUE TO TOR						
Sequantielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	A RO) OT 3UC	S A CONSEQUENCE	OF):	Archova	sudad	DISEAS	2 475
resulting in death) LAST		h but not regultin	o in the unde			N AUTOPSY 2	46. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
	e contributing to deat	Vamme	<u>e</u>	rlying cause given	1 _ YES	2 🗌 NO	
PART II. Other significent conditions	s contributing to deat	Vdm ne	e	rlying cause given	1 🗆 YES	2 NO	COMPLETION DF CAUSE OF DEATH?
PART II. Other significent conditions	raid Syl	dmn	2	26. PLACE OF OEATH		2 🗆 NO	COMPLETION OF CAUSE OF DEATH?
PART II. Other significent conditions Change of B.	Scontributing to deat TO) N Syl HOSPITAL: 1 Inpetient 2 ER/C	/dmm	OTHER:	26. PLACE OF GEATH		2 NO	COMPLETION OF CAUSE OF DEATH?
PART II. Other significent conditions Character S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	TOIN SY!	Dutpetlent 3 DO/RY 266.	OTHER: A 4 Nursing	26. PLACE OF GEATH	Check only one)		COMPLETION OF CAUSE OF DEATH?
PART II. Other significent conditions Charge New B. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/C 26a. DATE OF INJU (Month, Dey, Ye)	Dutpatient 3 DOA	OTHER: A 4 Nursing TIME OF INJURY M	26. PLACE OF OEATH () Home 5 Rasidence c. INJURY AT WORK? 1 YES 2 NO	Check only one)	INJURY OCCURED	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significent conditions Change of the condition of the cond	HOSPITAL: 1 Inpatient 2 ER/C 28a. DATE OF INJU (Month, Day, Ye) 28a. PLACE OF INJ	Dutpatient 3 DOARY 28b.	OTHER: A 4 Nursing TIME OF 28 INJURY M Tm, street, fectory	26. PLACE OF OEATH 3 Home 5 Residence. C. INJURY AT WORK? 1 YES 2 NO, office	Check only one) 28 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree-City or Town, State)	(and Number or Rur e)	COMPLETION DF CAUSI OF DEATH? 1 YES 2 NO al Route Number,
PART II. Other significent conditions Charpowic B 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	HOSPITAL: 1 Inpetient 2 ER/C 26a. DATE OF INJU (Month, Dey, Yes 28a. PLACE OF INJ building, stc. (c) CIAN: To the best of my k R: On the basis of examin	Dutpatient 3 DOARY 28b.	OTHER: A 4 Nursing TIME OF 28 INJURY M Tm, street, fectory	28. PLACE OF OEATH 29 Home 5 Rasidence C. INJURY AT WORK? YES 2 NO office , data and place, and office, death occurred at 129c. LICENSE I	Check only one) 28 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree-City or Town, State) 10e to the cause(a) and muthe time, date and place, in	t and Number or Rur enner as stated. and dus to the caus	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO at Route Number, e(a) and manner as stated ED (Month, Day, Year)
PART II. Other significent conditions Charpole B 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpetient 2 ER/C 28e. DATE OF INJU 28e. PLACE OF INJU building, stc. (c) CIAN: To the best of my k ER: On the basis of sxamin	Dutpatient 3 DOARY 29b. URY — At home, fam. powledge, death occurrence ation and/or investig	OTHER: A 4 Nursing TIME OF INJURY M m, street, factory	26. PLACE OF OEATH 27 Home 5 Rasidence C. INJURY AT WORK? 1 YES 2 NO office deta and place, and colon, death occurred at	Check only one) 28 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree-City or Town, State) 10e to the cause(a) and muthe time, date and place, in	t and Number or Rur enner as stated. and dus to the caus	COMPLETION DF CAUSI OF DEATH? 1 YES 2 NO No Advise Number, No Advise Number,

		t permit. Pages 1, 2, 3 should	
VISION OF VITAL RECORDS, P.O. BOX 13146, BALIIMORE, MARYLAND 21203-3146	I ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ns after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any Injury, or other traumetic event, the medical examiner must be notified at once.
Q	TO THE HOSPITAL D	TO THE FUNERAL DIRECTOR: be filed within 72 hours after	IMPORTANT: If Item 28 is

30. NAME AND ADDRESS OF PERSON JOEL GOOZH MD

31. DATE FILED (MONT), Day, Year)

JAN 25 90

1. DECEDENT'S NAME (First, Mi	ddle Lasti		U	ERTIF	ICAIL	_ 01	DEA	111	2 DATE	OF DEATH		3. TIME OF DEATH
	orothy		Emerson	a					Janu	I Q		YEAR
4. SOCIAL SECURITY NUMBER		5, SEX	6. AGE (In yrs. In	ni birthday) YRS.	IF UNDER	1 YEAR DAY®	HOURS	24 HRS.	(Month	OF BIRTH	893	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DI					30,		MASS.
Bethesda Nursing Home						CHI	EVY C	HASI	5		M	ontgomery
100. STATE 10	MONTY	GOMERY		10c. CIT	Y, TOWN C		CHAS	SE				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER						10	. ZIP COD	E			10g. CITIZE	EN OF WHAT COUNTRY?
8700 JON	ES MI	LL RD.					208	315			U	J.S.A.
11. MARITAL STATUS 1 Never Merried 2 Ma 3 Widowed 4 Divorce			T EVER IN U.S. AF YES 2 XX WAR OR DATES			If yea, sp		in, Mexica	n, Puarlo I	? (Specify Yes	or No- 1	4. RACE — American Indian, Black, White, atc. Specify WHITE
15. DECEDI (Specify only hi	ENT'S EDUC	ATION	16a. DE	ECEDENT'S	USUAL O	CCUPATION	DN		16b.	KIND OF BUS	SINESS/INDU	STRY
Elementary/Secondary (0-12)		College (1-4 or 5	+)	ATE L						TEACH.	ING AN	D LECTURING
17. FATHER'S NAME (First, Middl	le, Last)			4.44	11 02	.020	1			Aiddle, Maiden		ID IMOTORING
PHILIP]	EMERSON						MINI	VIE	EVELY	I DE	WEY
19a. INFORMANT'S NAME (Type	/Print)		19	b. MAILING	AODRES	S (Street a	and Number	or Rural	Route Numl	er, City or Tow	n, State, Zip C	Code)
LOUISE P.	HEMP			3919	LI	VINC	STON	I RD.	, HY	ATTSV:	ILE,	MD. 20781
LOUISE P. HEMP 3919 LIVINGSTON RD., HYATTSVILLE, MD. 20781 20a. METHOD QE DISPOSITION 1 Burlel 2 N Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cerestary, cremetory or other place) CHAMBERS CREMATORY RIVERDALE, MD.								1				
21. SIGNATURE OF FUNERAL S	Che	inhere		M0009	DI W	. W.	CHA	MBEI	RS CO	, RI	ERDAL	E, MD. 20737
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. CEREBROVASCULAR ACCIDENT CEREBROVASCULAR ACCIDENT CIRCUIT OF CONTROL O												
DUE TO (OR AS A CONSEQUENCE OF): ARTERIOSCLEROSIS OF TETID SCIENOSI												
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
rasulting in death) LAST	d											
PART II. Other algnificant	conditions	contributing to	death but not	resulting	in the ur	ndariyin	g cause	given in	Part I.	24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
												1 YES 2 NO
25. WAS CASE REFERRED TO N	IEDICAL						LACE OF D	EATH (Ch	eck only or	(6)		
EXAMINER?		HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	4 K Nur	R: alog Hon	ne 5 🗆 R	esidence	6 🗆 Othe	r (Specify)		
27. MANNEB OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIN						28c. IN.	JURY AT ORK? YES 2 [CRIBE HOW I	NJURY OCCL	JRED
The same of the sa	eafication		NET 101 1110001 011	ome ferm	atreet, faci	tory, offic	a		28f. LOC	ATION (Street	and Number o	r Rural Route Number,
2 Accident Inw 3 Suicide a Co	estigation uld not be ermined	26a. PLACE (building	atc. (Specify)	viiie, 12.111,					City	or Town, State)		
2 Accident Inv 3 Suicide & Co 4 Homicide	uld not be ermined	nAM to the best o	atc. (Specify) f my knowledge, d	eath occur	red at the t	Ilme, data	and place		to the car	use(a) and ma	nner aa state	

4701 RANDOLPH KD ROCKVILL MD 20852

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

	1 - STATE STATE OF MARYLAND / DEPARTM CERTIFICATION	ENT OF HEALTH AND ME	ENTAL HYGIENE REG. NO.	
	1. OECEDENT'S NAME (First, Middle, Last) SADIE EPS SADIE EP		DATE OF DEATH DAY	XEAR 10:37 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F1 78 4. SOCIAL SECURITY NUMBER 78 5. SEX 78 6. AGE (In yrs. lest birthday) 78 78 78 78 78 78		OATE OF BIRTN (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
ECTOR	9a. FACILITY NAME (If not institution, give street and number) Washington August S RESIDENCE OF DECEMENT	CITY, TOWN OR LOCATION OF DEATH	., . , .	noutg.
DIR		KOMOL Park		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	22 Philadelphia Que	20912		. S . A .
BY	11. MARITAL STATUS 1 Naver Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican, f 1 YES 2 NO Specify:		14. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Railroa	done during most of working fred.)	Railroad	DUSTRY
	17. FATNER'S NAME (First, Middle, Last) WILLIAM EDS	18, MOTHER'S NAME Rosa	(First, Middle, Maiden Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADD	PRESS (Street and Number or Rural Rou	te Number, City or Town, State, Zi	
		iladel hia Av	20c. LOCATION —	- City or Town, Stata
		eaven Cemeter	*	Spring, MD.
	Deleum S. Clark	TAKOMA FUN	WERAL HOME,	INC Washington Do
	23. PART I. Enter the diseases, or complications that caused the death. Do not shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) 3. OUE TO (OR AS A CONSEQUENCE OF)	hisaling	Recluse	Approximata interval Between Onsat, and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	nal fautu	ie.	days
MEDICAL	PART II. Other significant conditions contributing to death but for resulting in the form of the significant conditions contributing to death but for resulting in the form of the significant conditions contributing to death but for resulting in the significant conditions contributing to death but for resulting in the significant conditions contributing to death but for resulting in the significant conditions contributing to death but for resulting in the significant conditions contributing to death but for resulting in the significant conditions contributing to death but for resulting in the significant conditions contributing to death but for resulting in the significant conditions contributing to death but for resulting in the significant conditions contributing to death but for resulting in the significant conditions contributing to death but for resulting in the significant conditions contributing to death but for resulting in the significant conditions contributing to death but for resulting in the significant conditions contributing to death but for resulting in the significant conditions contributing to death but for resulting in the significant conditions contributing to death but for resulting in the significant conditions contributing to death but for resulting in the significant conditions contributing the significant conditions contributing the significant conditions conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions contributing the significant conditions co	na underlyting cause given to Pa	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATIN? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MÉDICAL EXAMINER? HOSPITAL:	26. PLACE OF OEATH (Check	only one)	
PHYSI	1	Nursing Nome 5 🗀 Residence 6	Other (Specify) Bd. OEŞCRIBE NOW INJURY OC	CCUREO
ED BY	1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be determined determined	M 1 YES 2 NO	61. LOCATION (Street and Number City or Town, State)	er or Rural Route Number,
COMPLET	Conce on 1 Conce on 1	the time, data and place, and due to	the cause(a) and manner ee st	iated.
	MEDICAL EXAMINER: On the basis of examinetion and/or investigation, in	my opinion, death occured at the tin		the cause(a) and
TO BE	Uniolass TH	D-28	920.	1/29/90
-	SURINDER SINCE	2319 A He	mover la	relivery,
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Sidia Davidson-Randalls			

DAY OF THE PARTY O	NOTE COMPANY DESCRIPTION OF THE PROPERTY OF TH
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ii ii	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hospi	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit
BALLIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	RIMENT OF H	DEATH AND	MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME SETTE ASSISTED I net	1				2. DATE OF DEATH	DAY _ X	3. TIME OF DEATH	
	GEORGE GI	RAY EFF	MAN			01	22.9	1338 M	
	4. SOCIAL SECURITY NUMBER	1X M2 DF	AGE (in site something)	# UNDER 1 YEAR MONTHS DE-9	HOURS SEN.	7. DATE OF BIRTH (Month, Day, Ber)	-22 "	BIRTHPLACE (Stee or Ferrigin Country)	
	Stat. FACILITY HARE (If not southwood, give	atract and number)	01	Bb. CITY, TOWN C	OR LOCATION OF I	09-28°	Rr. COUNTY	OF DEATH O	
O. B.	SHADY GROVE	HOSPITA		Rox	KVILL	£	1401	MOMSPU	
اظ	RESIDENCE OF DECEDENT 10s. STATE Nos. COUNT	TV	I sac co	Y, TOWN OR LOCAL	TION .		TOLL INSIDE CITY		
DIRECTOR	MA MA	toomery	1 6	SAITHOR	38426		1 VES 2 NO		
ERAL	10s. STREET AND HUMBER	0	0.15	30	ZIP COOE	LA	10g. CITIZEN OF WHAT COUNTRY?		
NEA	9/10	-	PIVE		200	77	Unite	dStates	
BY FU	11. MARITAL STATUS 1 Never Married 2 M Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 T IF YES, GIVE WAR	YES 2 NO	If yea, sp		ANIC ORIGIN? (Specify to can, Puarlo Rican, atc.) effy:	fes or No— 14	. RACE — American Indian, Black, White, etc. Specify:	
ED	15. DECEDENT'S ED (Specify only highest grad			USUAL OCCUPATION		18b, KIND OF B	USINESS/INDUS	MELICAN TURION	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT L	ise retired.)		0 11		T 1.11	
COMPL	17. FATHER'S NAME (First, Middle, Last)	6	Public	Adminis		IAME (First, Middle, Maid		Institute	
ECC	1 1 - 00	man			Rita	GCON	en sumame)		
00	19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING	G ADDRESS (Street a	and Number or Rura	i Route Number, City or To	own, State, Zip Co	ode)	
5	Robin York		910	Windbro		aithersbur	MM, gr	20879	
	20a METHOD OF OISPOSITION 17 Burlel 2 Cremetion 3 Re	movel from State	20b. PLACE OF DISPO	Section 1997	7	1 01	LECTION - CITY		
	21. SIG JUIL OF FUNERAL SERVICE	NCENSEE	Klamath		ND ADDRESS OF		Funer		
	1 AUCH	\				LT POURK I	Drive.	0.77	
	23. PART I. Enter the diseases, or	complications that c	aused the death. Do			cha cardiac or rea		t, Approximate	
	ehock, or heert fellure IMMEDIATE CAUSE (Finel	. List only one cause	on each line.		0	•		Interval Between Onset and Deeth	
	diseese or condition reaulting in deeth)	Loche	mic + Con	gostive	Cardio	my spath	4	10 years	
		DUE TO (O	R AS A CONSEQUENCE	ofi:		01			
NO	Sequentially list conditione,	b. OUE TO (O	R AS A CONSEQUENCE O	OF);					
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C							
E	that initiated events resulting in deeth) LAST	DUE TO (O	R AS A CONSEQUENCE O	OF):					
EH		d					~~~		
AL	PART II. Other significant condition		eth but not resulting	in the underlyin	g ceuse given i		AN AUTOPSY ORMEO?	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO	
DIC	1450/1n /2	pencent	VIAPETE	3/12	lifus	1 TYES	2 4110	OF OEATH?	
: ME						_		1 TYES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF OEATH (C	Check only one)			
SIC	EXAMINER?	HOSPITAL:	R/Outpetient 3 DOA	OTHER:	ne 5 🗆 Rasidence	8 Other (Specify)			
РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF IN (Month, Day,	JURY 28b. TII Year) IN	JURY W	JURY AT ORK?	28d. OEŞCRIBE HOV	V INJURY OCCU	RED	
BY	2 Accident investigation		NJURY — At home, farm,		YES 2 NO	204 1 0047(01) (01)		Durch Durch Munches	
TED	3 Suicide a Could not b 4 Homicide determined	building, at	: (Specify)	arreet, factory, onto		281. LOCATION (Stree City or Town, Ste	et and Number or ite)	Hural Houte Number,	
PLET	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of m	knowledge, death occur	red at the time, date	and place, and d	us to the cause(s) and r	nanner as stated.		
COMPL	(4.154.14.14.14)							cause(s) and manner as stated.	
BEC	296. SIGNATORE AND TITLE OF CERTIF	IER	12		29c. LICENSE N	UMBER	29d. DATE S	SIGNEO (Month, Day, Year)	
0	/ Machene	lymer	191)		175,	120	/	123/90	
	M. Cheel F.M.	VHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ	Democr	sen Bl.	d Bet	thesda	Md 20517	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR			/				

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	WALTE	R	EN	VGE	4				MONTH	- 2 DAY	9 6	EAR)	2 50 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. last birthday)		R 1 YEAR	IF UNDER		7. DATE OF E		0.	BIRTHPLAC Country)	E (State or Foreign
	066-16-6793	1 (XM 2 □ F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	12/7/	1911	V:	ienna	, Austri
	9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CIT	Y, TOWN (OR LOCATIO	ON OF OE	ATH		9c. COUNTY	OF DEATH	
9	Suburban Hospi	tal	W. 1			Ве	ethes	da			Mon	ntgom	ery
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	10c, CITY, TOWN OR LOCATION 10d, IN						INSIDE CITY					
DIRE	Maryland Mont	gomery				nesda						- 2	LIMITS? YES 2 NO
	10e. STREET AND NUMBER						. ZIP CODE	E			10g. CITIZEN OF WHAT COUNTRY?		
ER/	6402 Whittier Co	20817							U.S.A.				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1: IF YES, GIVE W	XYES 2	U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — Arm 2 NO 15 yee, specify Cuban, Maxican, Puerto Rican, etc.) 16 YES 2 NO Specify: Specify:									
n l	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18-	a. DECEDENT'S	work done	during ma	ON ast of working	na	16b. KIN	O OF BUS	INESS/INDUS	TRY	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5 +		life, Do NOT i						,		1- 1	
8		5+	Fo	oreign	Serv	rice		-			Actor	/Dire	ctor
COM	17. FATHER'S NAME (First, Middle, Last)						18. MOTI		ME (First, Middl	e, Meiden S			
8	Emil F	Engel		Tab. Mail Ibi	0.40005	10 (Otto at a	and Alice bear		ith Boute Number, (Kraus	
2	Michael Engel (s	(nn)							lockvi			0850	
	200. METHOD OF DISPOSITION	,011)	4 20b. PL	ACE OF DISPO				-	OCKVI				itata
N.	1 Buriel 2 to Cremation 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ovel from State	oth	her place) Suburba							ilver Spring, MD		
	21. SIGNATURE OF FUNERAL SCHULE	OEMOGE	10.		22	NAME A	ND ADDRE	SS OF FAC	CILITY				
	22. NAME AND ADDRESS OF FACILITY DANZANSKY—GOLDBERG MEMORIAL C 1170 ROCKVILLE PIKE, ROCKVILL												
	23. PART I. Enter the diseases, or	amplications the	t sound th	a dooth Do									Approximate
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO	(OR AS A CO	ONSEQUENCE (DF):								
	PART II. Other significant condition	ns contributing to	death but	not resulting	In the u	nderlyin	g cause (niven In	Part I. 24	. WAS AN	ALITOPSY	24b. WER	E AUTOPSY FINDING
3	CHronic									PERFOR	MED?	AWAI	LABLE PRIOR TO
N: MEDICAL		2222					0.0			YES 2	AC NO		DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSPITAL					LACE OF D	EATH (Ch	eck only one)				
PHYSICIA	TEX YES 2 NO	HOSPITAL:	ER/Outpatle	ent 3 🗆 DOA	4 I No		ne 5 🗆 Re	esidence	8 Other (S)	ecify)			
	27. MANNER OF DEATH	28a. DATE OF (Month, D	ey, Year)	28b. Ti	JURY	28c. IN.	JURY AT ORK?		28d. DEŞCRI	BE HOW IN	JURY OCCUP	RED	
BY	II 1 Nittural 5 Pending M 4 Wee a 140												
0	3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, form, street, factory, office 281. LOCATION (Street and Number or Rural Route Nu City or Town. State)								Number,				
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ER: On the basic of a											menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	ENSE NUI	4BER	Т	29d. DATE S	SIGNED (Mor	ith, Day, Year)
3 BE	Job 8	Quo 1	ne	The same	~>		TA	08	3541		P 1-	27	- 90
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAU	SE OF DEATH	H (ITEM 27) (Typ	oe, Print)					130	et has	200	- ms
	2000	lau	per	<	3.5	18	100	200	2 CMC	W	P	pue	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATU	JRE									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ENGEL

3. TIME OF DEATH

Vienna, Austria

Approximate interval Between Onset and Death

12 50 AM

YEAR

REG. NO.

2. DATE OF DEATH MONTH DAY

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, thi	BALTIMORE, MARYLAND	f nours after death. Page 6 may be retained by the host	illed in by the funeral director, page 5 should be detachen, or removal.	e medical examiner must be notified at once.	
FFDS	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1. OECEOENT'S NAME (First, Middle, Lest)				DEATH	2. DATE OF DE	G. NO.		3. TIME OF DEATH	
		seman				Jan.	DAY	YEAR		
	4. SOCIAL SECURITY NUMBER		n vrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	тн Т	-// -	10:45 a.ml	
	220-44-9307	1 M 2 F)3 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 28	Year)	Country)		
	9e. FACILITY NAME (If not institution, give str			9b. CITY, TOWN	OR LOCATION OF D			ITY OF DE	Iowa ATH	
HC.	Montgomery General Hospital Olney Montgomery									
DIRECTOR	RESIDENCE OF DECEDENT									
H	10e. STATE 10b. COUNTY			TOWN OR LOCA					IOd. INSIDE CITY LIMITS?	
	Maryland Monta	gomery	San	dy Spr	ng LZIP CODE		10a CITI		I YES 2 X NO	
HA	17340 Quaker Lane				. LI OODL	20860				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			CENDENT OF HISPA	NIC ORIGIN? (Spe	city Yes or No-	14. RACE -	tates - American Indian,	
F	1 Never Merried 2 Merried	FORCES? 1 YES			ecify Cuben, Mexic 2 NO Speci		etc.)	Black, Specify	White, etc.	
ВУ	3 🛚 Widowed 4 🗌 Divorced				11				hite	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e. DECEDENT'S U	ork done durina m	ON ost of working	16b. KIND	OF BUSINESS/IND	USTRY		
J.	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use			D - 7 -				
PM C	17. FATHER'S NAME (First, Middle, Lest)	4	Scientif	ic Aide		BELTS ME (First, Middle,		esear	ch Center	
	Herman Hunt									
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street	Deatr	rice Mar	A	Code)		
2	Mary A. Duncan				Terrace				20879	
	200. METHOD OF DISPOSITION	20b	PLACE OF OISPOSI				20c, LOCATION - C			
	1 Donetion 5 Other (Specify)	val from Stete	other place) aburban C	remator	y		Silver S	prin	g, Marylan	
	21, SIGNATURE OF FUNERAL SERVICE LICE			22. NAME A	ND ADDRESS OF F	ACILITY			8,7	
	> Ellen	KI ROA	20		Funeral				MD 20910	
	23. PART I. Entar tha diagaaas, or cahock, or heart failure. L	omplications that caused lat only one cause on ea		ot antar tha m	ode of dying, au	ch as cardiac o	r reaplratory arr	eat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	70.00					,		Onest and Death	
	resulting in death)	PARTAL 6	ASTRIC	OUTLE	OBST	RUCTION)		IDAY	
		ABDOMINA							1 000	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF						10/31	
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury									
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	:						
ER	resulting in deeth) LAST	le								
	PART II. Other algnificant conditions	contributing to death b	ut not reaulting in	the underlyle	g cause given in		WAS AN AUTOPSY		WERE AUTOPSY FINDINGS	
4					7116.0		YES 2 M NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
CAL						_ '	TES Z MO		OF DEATH?	
EDICAL										
4: MEDICAL						_				
MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF OEATH (C	heck only one)				
MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 □ NO	HOSPITAL: 1 ☐ inpatient 2 ☐ ER/Outp	etlent 3 🗆 DOA	OTHER:	LACE OF OEATH (C		lfy)			
MEDIC	EXAMINER?	1 Ninpatient 2 ER/Outp	28b. TIME	OTHER: 4 Nursing Ho	ne 5 🗆 Residence	6 Other (Spec	How injury occ	CUREO		
PHYSICIAN: MEDIC	EXAMINER? 1 □ YES 2 □ NO 27. MANNER OF DEATH 1 □ Netural 5 □ Pending	1 Kinpatient 2 ER/Outp		OTHER: 4 Nursing Ho	ne 5 🗆 Residence	6 Other (Spec	**	CUREO		
BY PHYSICIAN: MEDIC	EXAMINER? 1 □ YES 2 □ NO 27. MANNER OF DEATH 1 □ Netural 5 □ Pending 2 □ Accident Investigation 3 □ Suicide 6 □ Could not be	1 Ninpatient 2 ER/Outp	28b. TIME INJU	OTHER: 4 Nursing Hor OF 28c. IN IRY W 1	ne 5 Residence JURY AT DRK? YES 2 NO	6 Other (Spec	HOW INJURY OCC		ute Number,	
ED BY PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 XInpetient 2 ER/Outp 28e. OATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY	28b. TIME INJU	OTHER: 4 Nursing Hor OF 28c. IN IRY W 1	ne 5 Residence JURY AT DRK? YES 2 NO	6 Other (Special Describe) 28d. DESCRIBE	HOW INJURY OCC		ute Number,	
ED BY PHYSICIAN: MEDIC	EXAMINER? 1	1 XInpetient 2 ER/Outp 28e. OATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY	28b. TIME INJU	OTHER: 4 Nursing Ho OF 28c. IN MY 1 1	ne 5 Residence JURY AT DRK? YES 2 NO	6 Other (Spec 28d. DESCRIBE 28t, LOCATION City or Town	(Street and Number n, State)	or Rural Ro	ute Number,	
ED BY PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	1 🗓 Inpetient 2 🗆 ER/Outp 28e. OATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spec	28b. TIME INJU	OTHER: 4 Nursing Ho OF 28c. IN M 1 creet, tectory, offi	ne 5 Residence JURY AT DRK? YES 2 NO	6 Other (Special Describer 1998) 28d. DESCRIBE 28t. LOCATION City or Town	(Street and Number n, State)	or Rural Ro		
COMPLETED BY PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	28e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my know.	28b. TIME INJU	OTHER: 4 Nursing Ho OF 28c. IN M 1 creet, tectory, offi	ne 5 Residence JURY AT DRK? YES 2 NO	6 ☐ Other (Special Described Descri	(Street and Number, State)	or Rural Ro		
BE COMPLETED BY PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	28e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my know.	28b. TIME INJU	OTHER: 4 Nursing Ho OF 28c. IN M 1 creet, tectory, offi	JURY AT DRK? YES 2 NO	6 ☐ Other (Special Described Descri	(Street and Number, State)	or Rural Ro	end menner ee stated. Month, Day, Year)	
E COMPLETED BY PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 299. SIGNATURE ANO TITLE OF CERTIFIER	28e. OATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Specials) CIAN: To the best of my know. 3: On the beste of examination. M.D.	28b. TiME INJU — At home, farm, si edge, desth occurre n end/or investigation	OTHER: 4 Nursing Ho OF 28c. IN WY M 1 : reet, tectory, offi d at the time, dat h, in my opinion,	JURY AT ORK? YES 2 NO e end place, end du death occured at th	28d. DESCRIBE 28d. DESCRIBE 28t. LOCATION City or Town e to the cause(e) e time, date end p	(Street and Number , State) end men. er ee statelece, end due to the 29d. DATI	or Rural Ro	end menner ee stated. Month, Day, Year)	
BE COMPLETED BY PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Noture 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER Denn's M. Har	28e. OATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Specials) CIAN: To the best of my know. 3: On the beste of examination. M.D.	28b. TiME INJU — At home, farm, si edge, desth occurre n end/or investigation	OTHER: 4 Nursing Ho OF 28c. IN WY M 1 : reet, tectory, offi d at the time, dat h, in my opinion,	JURY AT DRK? YES 2 NO e end place, end du death occured at th	28d. DESCRIBE 28d. DESCRIBE 28t. LOCATION City or Town e to the cause(e) e time, date end p	(Street and Number , State) end men. er ee statelece, end due to the 29d. DATI	or Rural Ro	end menner ee steted. Month, Dey, Year)	

PHYSICIAN:

HOSPITAL OR ATTENDING

出土 223

IMPORTANT: If

St. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

whia Davidson-Randall

Irvin Washsman, M.D., 407 South Union Ave., Havre de Grace, Maryland

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FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page		TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
the	Mal.	10
J Dy	reme	dic
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W W	tion,	the
mpletel	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	yent,
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 3. TIME OF DEATH 5 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Jan Jan Treun VICGINIA 1716 12 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAVE 190-16-2528 1 M 2 XF Jan. 10,1911 Pennsylvania 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harford DIRECTOR Harporc HAVIL 2 MLHOFIA RESIDENCE OF DECEDENT tob. COUNTY toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Ceci1 Port Deposit 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER tog. CITIZEN OF WHAT COUNTRY? 5 Arrowhead Acres 21904 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexicen, Puerto Ricen, etc.)

1 YES 22 NO Specify: t Never Married 2 Merried Specify: BY 3XXWidowed 4 Divorced White ETED 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. Cecil & Queen Anne's Count Elementary/Secondery (0-12) College (1-4 or 5+) School Systems - Maryland COMPL Three Years School Teacher 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Samue 1 (Maiden Name Unknown) Bowman Lottie tge, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard P. Freund Woodbine, Georgia 20a METHOD OF DISPOSITION
1X Source 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Hopewell Cemetery Port Deposit, Maryland 21. SIGNATURE OF FUNERAL SERVICE EXCUSES 22. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Son Funeral Home Perryville, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart feliure. Liet only one ceuse on each line. Interval Between Onset end Deeth IMMEDIATE CAUSE (Finei disease or condition resulting in deeth) arrest wood CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate couse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES XX NO t TYES 2 NO rem PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one HOSPITAL: ne 5 - Residence 6 - Other (Specify) 4 Nursi 27 MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation t YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Soec/ly) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER t 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end menner es stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner as ateted. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 2

DHMH-16 Rev 1/89

is a surrection of the

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			. TIME OF DEATH
THOMAS ET	OWARD FORST				TAN	UARY 26		YEAR	1:40 P.
		. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			ACE (State or Foreign
213-/0-411/	1 № M 2 □ F 30	YRS.	ONTHS DAYS	HOURS MIN.	04-	05-59		Maj	ryland
N.I.H. THE CLINICATION OF DECEMBER 1				A, MARYL			9c. COUNT		
a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATI	ON				-10	0d. INSIDE CITY LIMITS?
ARYLAND Mont	gomery	SILVE	ER SPRIN	NG .					☐ YES 2 K NO
2708 WEISMAN ROAD				ZIP CODE				N OF WHA	AT COUNTRY?
	12. WAS DECEDENT EVER IN U.S FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECE	INDENT OF HISPAN city Cuban, Mexica 2 NO Specifi	n, Puerto			Black, V Specify:	- American Indian, White, etc.
-0	TION 16a Coilege (1-4 or 5+)	DECEDENT'S US (Give kind of wor life. Do NOT use of Photo T	k done during mos retired.)	t of working		Reiger		STRY	white tions
7. FATHER'S NAME (First, Middle, Last)			- 12 14	18. MOTHER'S NA	ME (First,	Middle, Malden S	umame)		
Albert L. Fo	rst			Max	rtha	Kenne	dy		
IRS JANE BENNETT DO METHOD OF DISPOSITION Burlet XX Cremation 3 Remove Donation 8 Other (Specify)	al from State 20b, PL, office I	2708	WEISMAN NON (Name of com Pematory	etery, crematory or	ILVE	R SPRII	NG, M	ARYL.	AND 20902 a, State DC 20002 al Home,
3. P Entar the diseases, or collaboration ahock, or heart failure. Life MMEDIATE CAUSE (Final lisease or condition eautling in death)	mplications that caused the st only one cause on each	line.		se of dying, suc	h as can				Approximate interval Betwae Onsat and Dast
Gequantially list conditions, f any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST	DUE TO (OR AS A COL	NSEQUENCE OF):	Carc	INOMO					8415
ART II. Other significant conditions	contributing to dasth but n	not resulting in	the underlying	causa given in	Part I.	24e. WAS AN A PERFORM	ED?	C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL			28 DI	ACE OF DEATH (Ch	ack only o	20)			
EXAMINER?	HOSPITAL:		OTHER:						
7. MANNER OF DEATH	1 X Inpatient 2 ER/Outpatier 28a. DATE OF INJURY	26b. TIME (5 Residence	-	er (Specify) SCRIBE HOW IN	HIDY COCH	DED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUF	RY WO	ES 2 NO	26d. DE	SCHIBE HOW IN	JUHY OCCU	MED	
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — A building, atc. (Specify)	At home, farm, stre	eet, fectory, office			CATION (Street ar	d Number o	r Rural Rou	ute Number,
0001	AN: To the best of my knowledge On the basis of examination and								and manner as stated.
BB. SIGNATURE AND TITLE OF CERTIFIER	COMPLETED CAUSE OF DEATH) #A	Total State of the	H282	. /	(X7)	29d, DATE	27/	Aonth, Day, Year)
THOMAS B. TAN, MD.	DEATH			E PIKE,	BETH	ESDA. N	IARYL	AND :	20892
FFR 0 1 '90	32. REGISTRAR'S SIGNATURA								



DHMH-16 Ray 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR		SIAIE UF N	MARYLAND / CI	ERTIF					MENIAL	REG. NO				
1. OECEOENT'S NAME (First	, Middle, Last)								2. DATE (OF OEATH	AY	YEAR	3. TIME OF DEATH	
Lila Au	leta	Fulp								uary !			1:30 A	
4. SOCIAL SECURITY NUM 579-34-724		5. SEX 1 M 2 X F	6. AGE (In yrs. las	st birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	(Month,	Day, Year)	1930	Count	HPLACE (State or Foreign ry)	
9a. FACILITY NAME (If not it	nstitution, give	street and number)			9b. CITY	Y, TOWN O	R LOCATI			10,		NTY OF D	7 Mg Can C C C C	
2508 Laure	2508 Laurel Valley Garth					inad	on				Har	ford		
RESIDENCE OF DE	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										1 1100			
	Maryland Prince Georges				nham	OR LOCAT	ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER					101. ZIP CODE					10g. CITI	ZEN OF	N OF WHAT COUNTRY?	
7325 Olive	r Stre	eet					207	06				USA		
11. MARITAL STATUS 1 Never Married 2 3 Dividowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 1				clfy Cubi	n, Maxica	n, Puerto R	? (Specify Yelican, atc.)	e or No—	14. RACI Blec Spec	E — American Indian, k, White, etc.	
(Specify or	(Specify only highest grade completed) (G/life. Elementary/Secondary (0-12) College (1-4 or 5+)				EEGENT'S USUAL OCCUPATION TO kind of work done during most of working TO NOT use retired.) USEWILE									
17. FATHER'S NAME (First, I	_	ırvis						her's NA	ME (First, N	liddle, Maider		vis		
19a. INFORMANT'S NAME (ROger Allen										or, City or Tow Abing			21009	
1 XBurlel 2 Cremati	20c. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20c. LOCATION - City or Town, State Winter Hayen, Florida													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 122. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home. P.A. 1317 Cokesbury Rd., Abingdon, Md. 21009													
ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): The conditions, if any, leading to immediate Due to (or as a consequence of): The conditions, but to conditions, but to graph a log to form as a consequence of): The conditions to immediate														
if any, laading to immocause. Enter UNDERLY CAUSE (Disease or injusted events	CAUSE (Disease or Injury													
PART II. Other algoritic	ant condition	ona contributing to	daath but not	resulting	in the u	ındariyin	g causa	given in	Part I.	24a. WAS A PERFO 1 YES	RMED?	24	b. WERE AUTOPSY FINOIN. AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED	TO MEDICAL					20.00	ACE OF	DEATH 42	neak	al				
EXAMINER?	- meores	HOSPITAL:	T spin (• 🗆 • • •	OTHE	R:		/	neck only on					
1 YES 2 NO		1 Inpatient 2		3 DOA 28b. TI		28c. INJ		asidenca	6 Othe	(Specify)	INTITIES OF	CUBED		
	Pending Investigation	(Month, I	Day, Year)	IN.	JURY M	WC	YES 2	□ NO	200. DE	CHIBE HOW	WISONI OC	NONY OCCURED		
0 0.4.14.	Could not be determined	be 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LO							28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
cool only s		SICIAN: To the best of											(s) and manner as stated	
29b. SIGNATURE AND	E OF CHATTE	en I	W.	141			1	ENSE NUI	_ \		29d. DA	TE SIGNE	D (Month, Day, Year)	
30. NAME AND ADDRESS	OF PERSON W	VHO COMPLETEO CAL	JSE OF DEATH (IT	EM 27) (39)	e, Print) elav	- Ro		, (6	, 0				11/10	
31. DATE FILED (Month, Day	, Year)	32. REGISTR	AR'S SIGNATURE		_									

FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last)	DOROTHY M) FULTON	J		2. DATE OF DEATH	AY GYEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 577 18 6844	1□M2 1 79	YRS.	HUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar)	1910 Ne	THPLACE (State or Foreign		
ECTOR	9a. FACILITY NAME (If not institution, give strains) 9727 Mt. Pisgah RESIDENCE OF DECEDENT		9		or Location of i		oc. county of			
DIR	Maryland Mont 100. STREET AND NUMBER	gomery			Spring			10d. INSIDE CITY LIMITS? 1 YES 3 NO		
NERAL	9727 Mt. Pisga				20903		U.S	· A .		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	25 NO	If yes, s	pecify Cuban, Maxk S 3 NO Spec	ANIC ORIGIN? (Specify Ye can, Puarto Rican, etc.) city:	Bit	CE — American Indian, ack, Whita, etc.		
APLETED	15. DECEDENT'S EOUC, (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work the. Do NOT use of Ped. GOT	done during metired.)	Ret.)	-	Depart			
E COMPL	Dr. Harry A. F	ulton			Rosam	AME (First, Middle, Melde)	sumame) bert			
TO B	19a. INFORMANT'S NAME (Typo/Print) Lawrence E. Bun	gor	196. MAILING AE	Chic.	and Number or Runs Kadee I	il Route Number, City or To	Iphi Io	20783		
	20a. METHOO OF DISPOSITION 1 Burlal 20 Permatton 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION — City or other place) Baltimore/Washington Crematory Lau									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ALL HOME, INC. 254 Carroll St. N. W. Washington									
ERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Due to (or as a conscouence of):									
WEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DI									
SICIAN	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: 1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
ВУ РНУ	1 Pending Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME (28b. TIME OF INJURY AT WORK? M 1 YES 2 NO			28d. DESCRIBE HOW INJURY OCCURED			
ETED E	Suicide a Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPL	onel	CIAN: To the best of my knowled. 3: On the besis of examination						e(a) and manner as stated.		
TO BE C	296. SIGNATULE AND TITLE OF CENTIL	Daniel			D2	UMBER 37 43		ED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pr	rint)						
-	7525 XLONGY 31. DATE FILED (Month, Oa), Year)	32. REGISTRAR'S SIGNA	u sie	onles	llt M	1D 20	770			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the superior of the completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYI	LAND / DEPART CERTIFIC			MENTAL HYG REG.				
-	1. DECEOENT'S NAME (First, Middle, Last	1)				2. DATE OF DEAT	'N		3. TIME OF DEAT	ГН
	Anna P.	Feldman	n			MONTH	1 9	90	135	PH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes		6. BIRTH	PLACE (State or Fo	oreign
	253-03-6037		38 YRS.	DATS	HOURS MIN.	9/26/19			orgia	
0	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATN	9c. COU	NTY OF DE	EATN	
DIRECTOR	Holy Cross Ho	spital		Silver	Spring	7	Mor	itgo	mery	
EC	10a. STATE 10b. COUN	ITY	10c. CITY,	TOWN OR LOCAL	TION				10d. INSIDE CITY	,
DIR	₹/A	N/A	Wa	shinat	on, D.C	7			LIMITS?	
	10a. STREET AND NUMBER	11/21	Was		. ZIP CODE	· •	10g. CITI	ZEN OF W	NAT COUNTRY?	-
FUNERAL	1400 Whittier	Place N.W.	Apt-#3	02	20012		T	J.S.	Δ	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMEO	13. WAS DEC	ENGENT OF HISPA	NIC ORIGIN? (Specif	y Yes or No-	14. RACE	- American India	an,
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuben, Maxica 2 NO Specia	nn, Puarto Rican, ato	L)	Specif		
									White	
TED	15. DECEDENT'S ED (Specify only highest gra-	DUCATION de completed)	18a, DECEDENT'S U (Give kind of wo	rk done durina ma	ON ast of working	18b. KINO OI	F BUSINESS/INC	DUSTRY		
E	Elementary/Secondery (0-12)	College (1-4 or 5+)	ilfe. Do NOT use							
COMPLET	14	3	Retire	d Secr			Gov	t.		
	17. FATNER'S NAME (First, Middle, Last)					AME (First, Middle, Ma				
BE	John Rufus Ph	1111ps	Last Madinio	D00000 (0-		thia Flo				
2						Route Number, City o			20012	
	Percy Feldman 20a. METNOD OF DISPOSITION	T _{ac}	Db. PLACE OF DISPOSI			N.W.				C
	1∑ Burial 2 ☐ Cremetion 3 ☐ Ra 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	other place)				c. LOCATION —	-	1000	
	21. SIGNATURE OF FUNERAL BERVICE		Rock Cree		etery ND ADDRESS OF FA	OR ITY	Wash.,			_
	2/11	7/1	/			Take			al Home	e
	William "	· Conrad				St., N.			D.C.	
	23. PART I. Enter the diseases, or shock, or heart fallure	r complications that cause b. List only one cause on	ed the death. Do no each line.	t anter the mo	de of dying, suc	ch aa cardlac or i	reapiratory are	rest,	Approximation interval B	
	IMMEDIATE CAUSE (Finel Onaet and D									
	44 444	18'	//		11	1			Onaet and	d Desth
П	disesse or condition resulting in death)	. Car	dingen		hock	6			2do	Desth
		a. Our TO (OR AS	A CONSEQUENCE OF		hock	- 1			2do	Desth
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-truit permit. Proce 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, EB 0 8 1990

32. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH A						
	1. DECEDENT'S NAME (First, Middle, Last) EDWARD JOHN FAR	RELL			2. DATE OF DEATH MONTH FEBRUAL	DAY 1	3. TIME OF DEATH 090 07:30 AM			
1	4. SOCIAL SECURITY NUMBER 214 07 0221	1 XXM 2 □ F	88 YRS. MOI		09/25/19	01	BIRTHPLACE (State or Foreign Country) Md			
POR	90. FACILITY NAME (If not institution, give s SACRED HEART HOS) THE IDENCE OF DECEDENT		96	9b. CITY, TOWN OR LOCATION OF DEATH CUMBERLAND, MD ALLEGANY						
DIREC	10b. COUNT	llegany		own or Location Savage			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 3 11 C 11 Street	et		101. ZIP CODE 2154	5		N OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO		HISPANIC ORIGIN? (Specify Maxican, Puerto Ricen, etc. Specify:		Black, White, etc. Specify: White			
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		We. Do NOT use re	done during most of working		ire Co				
BE COM	17. FATHER'S NAME (First, Middle, Lest) John D. Fari	cell		16. MOTHE	r's NAME (First, Middle, Mai Osella Mc	Aiddle, Maiden Surname)				
TO B	J. Robert Fai	19b. MAILING AO	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1225 Braddock Rd., La Vale, Md							
	20 METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		St. Place of DISPOSITION St. Patri	on (Name of cometery, cremate ck Cemete:	ry M	t. Sava	age, Md.			
	11. SIGNATURE OF FUNERAL SERVICELY	Horn		Durst Funeral Home, Frostbur						
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse or	and the death. Do not neech line.	anter tha moda of dying	Fail of the state	espiratory street	Approximate Interval Betwaen Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuss. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS									
ICAL	PART II. Other significant condition	ne contributing to deat	h but not resulting in t	he underlying cause giv	PEI	S AN AUTOPSY RFORMEO? S 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Outpatient 3 DOA 4	26. PLACE OF OEATHER:	TH (Check only one)		1			
	27. MANNER OF OEATH 1 Natural 5 Pending Investigation	28a. OATE OF INJUI (Month, Day, Yea	RY 28b. TIME O	F 28c. INJURY AT	28d. OEŞCRIBE HO	28d. OEŞCRIBE HOW INJURY OCCUREO				
TED BY	2 Abcident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (S	JRY — At home, farm, stre- Specify)	et, factory, office		LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	onel only			it the time, date end place, on my opinion, death occurre			f. couse(a) end manner se stated,			
BE	296, SIGNATURE AND THE OF CENTIFIE	/el	The M	29c. LICEN	3 401	204. DATE	9 6/90			
5	30. NAME AND ADDRESS OF PERSON WI		DEATH (ITEM 27) (Type, Pri		RLAND ,MD	21502	1			

menth. Page 6 may be retained by the hospital or attending physician.

Uneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

aminer must be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be extructed to THE FUNERAL DIRECTOR-After this certificate has been signed by the attending physician and be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to the IMPORTANT: If Item 28 is marked, or Nem 23 shows any injury, or other traumatters.

DIVISION OF VITAL RECORDS, P.O. BOX 1314

ALTIMORE, MARYLAND 21203-3146

STATE OF MADVIAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	st)						2 DATE	OF DEATH			3. TIME OF DEATH
				0-11.			MONT	н п	DAY	YEAR	R
4. SOCIAL SECURITY HUMBER	Mary F	6. AGE (In yrs. last	e Inlettrolaus)	Goldri IF UNDER 1 YEAR	I UNDER	D DA LIDE		OF BIRTH	16,1	-	O 120 RTHPLACE (State or Foreign
	1 M 2 DF	1.16	YRS.	MONTHS DAYS	HOURS	MIN.		h, Day, Year)	1	Co	untry)
216 24 7815 9e. FACILITY NAME (If not institution, given		97	******	9b, CITY, TOWN	20.000	211 05 0	12	-25-	25	1	ranylang
Se. Protest t terms (ii not institution, gri	a straat and number)			ag. Citt, IOWN	OR LOCALI	ON OF D	EAIN		96. 000	NIY O	F DEATH
Calvert Memor	ial Hosp	ital		Princ	e Fr	ede	rick			Ca	lvert
10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN OR LOCA	TION	······					10d, INSIDE CITY
Maryland Ca	West.		Pr	ince, t	rod	24	it				LIMITS?
100. STREET AND HUMBER	or ver c			1100	H. ZIP COD	E			100 CIT	IZEN O	F WHAT COUHTRY?
2990 Siv.	es Roa	1			2	ala.	10			11	< 4
11. MARITAL STATUS		C1 HT EVER IH U.S. AD	e ED	13 WAS DE	CEHDENT	DE HISPAI	HIC OBIGII	1? (Specify Ye	or No.	14 P	ACE — American Indian,
1 Never Married 2 Merried	FORCES?	1 YES 2 N	10	If yes, s	pecify Cube	en, Mexico	en, Puerto	Rican, atc.)	PE OF NO.	Bi	lack, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 YES	5 2 NO	Specif	У.			St	Plank
15. DECEDENT'S E	DUCATION	16e. DE	CEDEHT'S	USUAL OCCUPATI	ION		168	, KIND OF BU	JSINESS/INC	DUSTRY	DIGCA
(Specify only highest gri	ade completed) Collega (1-4 or 5	(Gi	ive kind of Do NOT u	work done during m	ost of workl	ng					
3rd	College (1-4 or 5		ome	maker							
17. FATHER'S NAME (First, Middle, Lest)		- 11			16 MOT	HER'S NA	MF (First	Middle, Maide	o Sumama)		
11/:1/:	Dintor	-			10. 10.	TI	I'm (r mai,	11/	and I	1-	/
19a. INFORMANT'S NAME (Type/Print)	/ iu/ci	100	NAM INC	G ADDRESS (Street	and March	LON	2	VVC	OCAI	ar	10
Mary M	Cala		200	A C'M	- D	1 of Murai	D.	Der, City or To	WII, STORE, 211	D Code)	L 1112
200. METHOD OF DISPOSITION	Core		0770	o sixe.	5 10	7	Frin		reae	NIC	CK, MC1.20
1 Burial 2 Cremetion 3 R	emoval from State	20b. PLACE other pie	OF DISPO	SITIOH (Name of co	I. I	matory or	1	1 20c. L	OCATION —	City or	Town, State
4 Donation 5 Other (Specify)		- 10t. /	var	ys car	holi	01	DOCC	nor	yant	OLL	N, Nary 19
21. SIGHATURE OF FUNERAL SERVICE	LICEHSEE	/				100 OF 61					/ .
200	>4-1- 1	/		22. HAME A	ND ADDRE	os of th	d /	,	1		20
· Marle	Mada	ms		Aden	IND ADDRE	neve	14	ina.	1	16	Marilan
Marle 23. PART I. Enter the discosses,	et Colds	at coused the de	ath. Do	Adam	stu	nerc	IH.	me /	Agua	SCO	Marylan
23. PART I. Enter the discusses, can shock, or heart failure.				Adam	stu	nerc	th ss car	ene.!	Agua pipitory ar	SCA	May Jan
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shock, or heart fallur	a. ACU	TE MY	O C1	Adam not enter the m	ode of dy	nerc	ARC	diec or resp	Agua pintory ar	SCO	May Jan
shock, or heart failure IMMEDIATE CAUSE (Fine) disease or condition	a. ACU	TE MY	O C	Adam not enter the m	ode of dy	nerc	AR (diec or resp	Agua printory ar	rost,	May Jan
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32. REGISTRAR'S SIGNATURE
Godia Davidson-Randelle

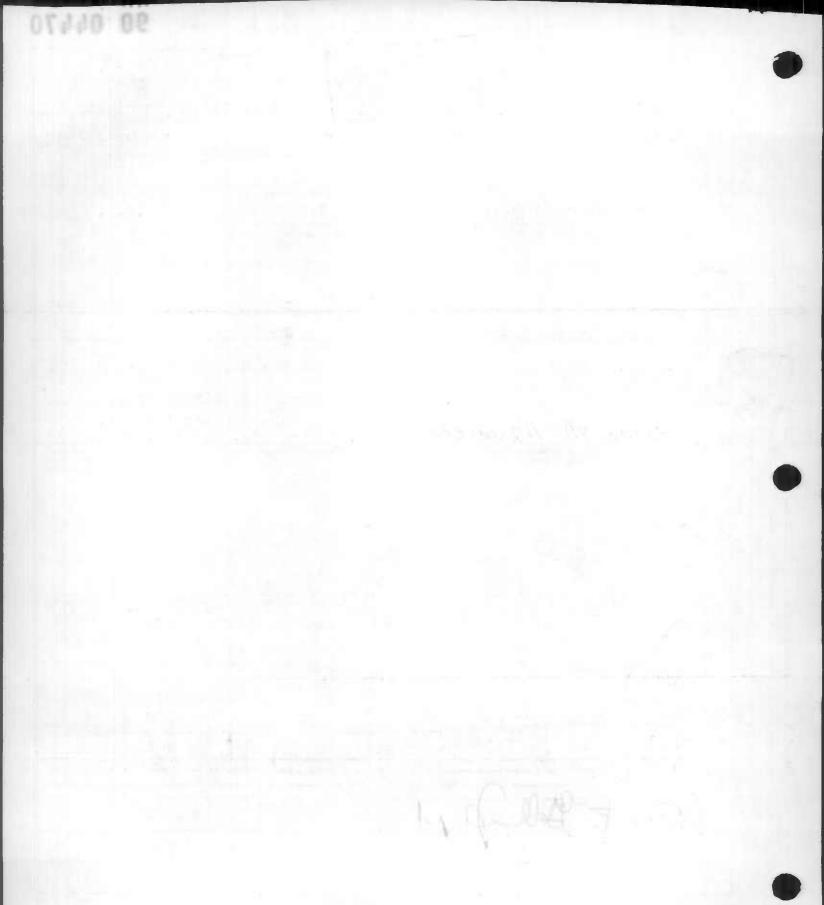
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death, 7-3g, 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral megion, pr	be filed within 72 hours after death with the State Dept. of Hearm and Mental Hyglehe phot to burial, cremation, or ferroval.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinas must I
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ned by the hospital or attending physician. puild be detached for use as the burial-transit permit. Pages 1, 2, 3 should

ed at once.

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1. OECEOENT'S NAME (First, Middle, Last) SANDRA	LEE		COO	DDSPE	רויםי		2. DATE OF OEATH MONTH 1-21-9	A.	YEAR	3. TIME OF OEATH 12:45PM M
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest b		IF UNDER 1		IF UNDER 24 HRS.	7. OATE OF BIRTH	<i>J</i>	a DIOTUR	LACE (State or Foreign
	1 M 2 F	GE (III YIS. IBSE D			DAYS	HOURS MIN.	(Month, Day, Year)		Country)	
229-90-1712 9e. FACILITY NAME (If not institution, give s	Λ	27		9b. CITY, 1	TOWN C	PR LOCATION OF O	05/14/		Wash	ington DC
Rt. 1, Box 704	(202 Long C	reck Di	rive	e) S	stev	ensville	9	Que	een Ar	nes County
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR	LOCAT	ION				10d. INSIDE CITY
Maryland Que	een Anne'	_		C+	0110	ensville				LIMITS?
10e, STREET AND NUMBER	cen Anne	5 1		31	-	ZIP COOE	3	T 10g, CIT		IAT COUNTRY?
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11. MARITAL STATUS	12. WAS DECEDENT EV		FO	13. W	AS OFC		NIC ORIGIN? (Specify Ya	or No-	U.S	- A -
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3 Widowed 4 Olvorced	II TES, GIVE WAN C	A ORIES			III TES	2 XNO Specif	у.		Specify	White
15. OECEOENT'S EOU		18a. OECI	EOENT'S L	JSUAL OCC	CUPATIO	ON	16b. KINO OF BU	SINESS/IN	OUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. D	o NOT use	ork done du retired.)	iring mo	st of working				
12			une	emplo	ove	D.				
17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Malden	Surname)		
Alfred Clayt	on Goods	need				Audre	ey Barry			
19a. INFORMANT'S NAME (Type/Print)	Jon Goodb		MAILING .	ADDRESS	(Street a		Route Number, City or Tox	n, State, Zi	p Code)	
Mr. Mrs. Alfre	ed Gooden	eed :	202	Long	7 (reek DI	Stever	16771	110	MD 21666
20a. METHOO OF OISPOSITION		20b. PLACE OF	F OISPOSI		-	netery, crematory or			City or Tow	THE SECTION
1 X Burial 2 Cremation 3 Rem 4 Donatton 5 Other (Specify)	oval from Stata	other place		oln	Co	meterv	Bla	den	sbur	PG Co.
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		11110	22. N	AME A	O AOORESS OF FA	CILITY			
Linda M	Maria	1:4	,				bein Fune			
· ANIAA III	· 7 Jerea	COL		R	t.	1 Box	66B, Che	este	r, Mi	21619
Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING	b	AS A CONSEQU								
CAUSE (Disease or Injury thet Initiated events resulting in deeth) LAST	oue to (or	AS A CONSEQU	JENCE OF):						
PART II. Other significent condition	ns contribution to dee	th but not on	eultina li	n the unc	terivin	a cause aiven in	Part I. 24a. WAS A	ALITOPEV	24b	WERE AUTOPSY FINOINGS
			outning in	1110 0110		g cause given in	PERFO	RMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
						-	— PART	IAL		26 160 I 110
25. WAS CASE REFERRED TO MEDICAL					25. P	LACE OF DEATH (C)	neck only one)			
EXAMINER?	HOSPITAL:	(Outpotlant 2 [7004	OTHER	:		8 Other (Specify)			
27. MANNER OF OEATH	28e. OATE OF INJU	JRY	28b, TIME			IURY AT	28d. OESCRIBE HOW	INJURY O	CCUREO	
1 Natural 5 Pending	(Month, Day, Ye 1-21-9(bar)	Ukn.	JRY		PRK?		LICI		
2 Accident Investigation	28e. PLACE OF IN.						2st. LOCATION (Street			nula Mumbar
S Could not be detarmined	building, atc.	(Specify)		HOME			City or Town, State)		evensville
29e. CERTIFIER										
	ER: On the basis of example									
FOR SIGNATURE AND TITLE OF CENTIFIE	Soll 1	A M	1			29c. LICENSE NU OCME	MBER		TE SIGNEO ((Month, Day, Year)
MARIO F. GULLE,	JR., MD	F OEATH (TEM			nn	Street,E	Baltimore,	1D 21	.201	VC
31. OATE FILEO (Month, Day, Year) JAN 2 4 90	32. REGISTRAR'S	SIGNATURE Davidson	-Pand	ell.						



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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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9	-	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	0.9
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31. OATE FILED (MONTH), Day, Your 90

32. REGISTRAR'S SIGNATURE

JUNIAR DAVIDINA RANDON

	FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	REG. N	IO.	
	1. DECEDENT'S NAME (First, Middle, Last) Arthi	Arthur Gibs		son	2. DATE OF DEATH	303-90	
		6. AGE (In yrs. las	t birtnday) IF UNDE YRS, MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 07-15-2		BIRTHPLACE (State or Foreign Country) O. Carolina
TOR	96. FACILITY NAME (If not institution, give atree Washington Adv RESIDENCE OF DECEDENT			y, town on Location of d		9c. COUNTY Mon	tgomery
DIRECTOR	Maryland Pr.	George's	10c. CITY, TOWN	ttsville			10d. INSIDE CITY LIMITS? 1 X YES 2 \(\square\) NO
FUNERAL	100. STREET AND NUMBER 1428½ University	Blvd East		101. ZIP CODE 2078	33	10g. CITIZEN	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed XXDivorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED 13.	WAS DECENDENT OF HISPA If yee, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	Yes or No— 14.	RACE — American Indian, Black, White, etc. Specify Black
COMPLETED	llth	mpleted) (G College (1-4 or 5+)	cedent's usual converted on the kind of work done Do NOT use retired.) Deliver	during most of working	16b. KIND OF	BUSINESS/INOUS	TRY
BE CO	John H. Gibson				AME (First, Middle, Maid Lee In		
10	Matthew L. Gibs			Street, SE			
	20s. METHOD OF DISPOSITION 1 Burles 2 Cremation 3 Namov 4 Donation 5 Other (Specify)	other plants Jess	sie Ray	Funeral F NAME AND ADDRESS OF F NOWden Fur ockville,	Iome	me, P.	lle, NC
7	23. PART I. Enter the diseases, or co- ahock, or beart indices. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSE	Bowel O		ch as cardiac or re		Approximeta Interval Between Onset and Dasth I Month
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (QR-AS A CONSECU	1	mach	L.		243
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to death but not r	reaulting in the u	indarlying cause given in	PER	AN AUTOPSY FORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
IAN: N	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C	heck only one)		
YSIC	1 Tes 2 No	HOSPITAL:	DOA 4 Nu	R: Irsing Home 5 - Residence	8 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	286. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUP	RED
ED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	ctory, office	281. LOCATION (Str. City or Town, St	et and Number or ate)	Rural Route Number,
COMPLET	000) —	AN: To the best of my knowledge, de On the besis of exemination and/or					ause(s) and manner as stated.
O BE C	296. SUDMATUNE AND TITLE OF CENTUREN	- MR		29c. LICENSE NO	JMBER 07850	29d. DATE S	IGNED (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely twed in by the funeral director, payment filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be my
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	FOR STATE REGISTRAR	STATE OF I			TMENT				MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF OEATH		WEAR	3. TIME OF DEATH
	Victoria Virgi	nia Gapha	ardt						Feb. 4.	1990	YEAR	8:12 A M
-	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. OATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
	219-12-9659	1 M 2 X F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept. 4.	1922	Count	ryland
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, 1	TOWN C	OR LOCATIO	ON OF OE	10000		NTY OF E	
5	North Arundel	Hospital			Gle	en l	Burni	е		Anne	Art	undel
2	10e. STATE 10b. COUNT	ГҮ	**	10c, CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY
		ne Arunde	2]	G1e	en Bur	rnie	9					LIMITS?
	10e. STREET AND NUMBER					101	. ZIP CODE					WHAT COUNTRY?
	633 Binsted Rd.						2106			U.S	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	ARMED					IC ORIGIN? (Specify Yes	or No-	14, RAC	E — American Indian, k, White, etc.
	1 Never Married 2 Merried		MAR OR DATES	QNO.			2XX NO		n, Puarto Rican, atc.)		Spec	iffy
	3 Wildowed 4 Divorced										1	White
	15. DECEDENT'S EDI (Specify only highest grad		1	(Give kind of	USUAL OCC			g	186, KIND OF BUS	SINESS/INC	USTRY	
	Elamentery/Secondary (0-12)	College (1-4 or 5	+)	fe. Do NOT u	se retired.)							
	12		Se	ecreta	ary	-2			Industr	ial F	irm	
	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Middle, Maiden	Sumame)		
	Anton Zeman						Mar	y Ho	odek			
	. 19e. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRESS	(Street e	nd Number	or Rural I	Route Number, City or Tow	n, State, Zip	Code)	
	Madeline Bauer			701 (alenvi	iew	Ave.	S.F	E., Glen Bi	urnie	. ME	21061
	20s. METHOD OF DISPOSITION 1A Burlel 2 Cremetion 3 Rer	mount from State	20b. PLAC		SITION (Nam					CATION -		
	4 Donetion 6 Other (Specify)	HOVER FROM STORE			en Men	nor	ial P	ark	Gle	n Bur	nie	. A. A MD
- 1	21. SIGNATURE DE FUNERAL SERVICE L	IGENSEE	0		22. N	AME A	ND ADDRES	S OF FA	CILITY			
	THEFT &	1 CVE	1 -1		Kir	ckle	y Fu	nera	al Home			
-	Vicad .	-1	3	\								e, MD 21061
	23. PART I. Enter the diseeses, or shock, or haert tailure. IMMEDIATE CAUSE (Finel diseese or condition resulting in deeth)	. List only one ce	use on each lin	ne.				.1	KEST OF LUN		rest,	Approximete Interval Betwaan Oneet and Deeth
	resulting in death)	DUE TO	(OR AS A CONS	EOUENCE O	(F):	1.	LIA			. 0		
		HETA	STATIO	0	ARC	140	MH	(OF LUN	6		
2	Sequentielly liet conditions, if eny, leeding to immediate	DUE TO	OR AS A CONS	EOUENCE O	F):							
5	cause. Enter UNDERLYING CAUSE (Disesse or injury	C										
	that initiated evente	DUE TO	OR AS A CONS	EOUENCE O	F):							
	reculting in death) LAST	d										
5	PART II. Other signiticant condition	ne contribution to	death but not	l anguiltina	In the read	da edudas		whoman day	Don't law ung su		Lau	
3	7AAT II. Other significant condition	to in bulling to	deeth but not	r resulting	m the und	eriyin	g ceuse (jiven in	Part i. 24a. WAS AN PERFOI	AMED?	241	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
							_		1 TYES 2	NO NO		OF DEATH?
												1 YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF D	EATH (Ch	eck only one)			
5	1 TYES 2 X NO	1 Inpatient 2	XER/Outpatient	3 DOA	OTHER:		10 5 R	sidence	8 Other (Specify)			
	27. MANNER OF DEATH	28e. DATE Of	F INJURY Day, Year)	28b. TIR	ME OF :		URY AT		28d. OEŞCRIBE HOW	NJURY OC	CURED	
	XX Natural 5 Pending		ouy, rear)	"	M		YES 2	NO				
2	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE	OF INJURY At	home, farm,	atreet, facto	ry, offic			281. LOCATION (Street		r or Rural	Route Number,
	4 Homicide determined	building	, etc. (Specify)						City or Town, State,			
1	29a, CERTIFIER 1 TV CERTIFYING PHY	DICIANI, To the head	d any language de de	d- edb						(100-0)		
	anat								to the cause(e) end me			A. USU Excessor at least.
3		On the pasts of		- mveatigati	on, in my op	minori, c	METU OCCUI	wa at the	time, date end place, el	rd que to ti	ne ceuse((e) end menner ee stated.
1	29h SHEARTHE AND FITLEFOR CENTING	110	47, 7, 7				29c. LICI	ENSE NUI	MBER			O (Month, Day, Year)
5	tot Munior	,17(1)	•				D	2913	7	PF	eb	6, 1890
	30. NAME AND ADDRESS OF PERSON W		JSE OF DEATH (IT				MD	211	100			,

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MERAL DIRECTOR: After this certificate has been signed by the aftending	INT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
fter	mar.
INERAL DIRECTOR: A	99
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AN	ID MENTA	L HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, MI	GOVED	(CH)		2. DATE MONT	OF DEATH DAY	90	3. TIME OF DEATH 5:40 AM
4. SOCIAL SECURITY NUMBER 234 - 88 - 694 90. FACILITY NAME (If not institution)	1 M 2 F	85 YRS. MON	INDER 1 YEAR IF UNDER 24 H THS DAYS HOURS M CITY, TOWN OR LOCATION (IN. (Mon	OF BIRTH th, Day, Year) 2-0 05	B. BIRT Count Wes	t Virginia
HARBOR H	OSPITAL CENT	ER Y	BALTIM	ORE,	MD B	altimo	ore City
Maryland	Anne Arundel		wn on Location Burnie				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1107 Armiste	ad St.		101. ZIP CODE 21061			.S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Me 3 Widowed 4 Divorce		2 X NO	13. WAS DECENDENT OF H If yes, specify Cuban, M 1 YES 2 NO	lexican, Puello		14. RAC Blac Spec	E American Indian, k, White, atc.
15. DECED (Specify only in Elementary/Secondary (0-12 12 17. FATHER'S NAME (First, Midd	ENT'S EDUCATION gheat grade completed)) College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti Homemaker	done during most of working red.)	161	Own Home		MITTO
17. FATHER'S NAME (First, Midd Floyd Wilson				s NAME (First,) Paugh	Middle, Maiden Sumai	me)	
Jean Hartma			istead St.,				51
4 Donation 5 Other (S		Bridgeport	22. NAME AND ADDRESS OF Kirkley Fur 421 Crain	neral H Hwy. S.	Home .E., Glen	Burni	Harrison, W
	a. PROBA		Lung	^	1	y arrest,	Approximate interval Between Onset end Death
Sequentially list condition if eny, leeding to immedia ceuse. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in deeth) LAST	ate G.	A CONSEQUENCE OF): A CONSEQUENCE OF):					
A	conditions contributing to death ASTRUCTIVE L			on in Part I.	24e. WAS AN AUTO PERFORMED: 1 YES 2		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO I	MEDICAL HOSPITAL:	T on	26. PLACE OF OEAT	H (Check only o	ne)		
25. WAS CASE REFERRED TO DEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	10 Inpatient 2 - ER/Ou	tpatient 3 DOA 4 D	HER: Nursing Home 8 Reside	_			
I Printing 5 Pe	restigation	INJURY	M 1 YES 2 N		SCRIBE HOW INJUR	Y OCCURED	
3 Suicide 6 Co	build not be termined 28e. PLACE OF INJUR	IY — At home, farm, stree ec/fy)	t, factory, office	261. LO C/ty	CATION (Street and No y or Town, State)	umber or Rural	Route Number,
29a, CERTIFIER (Check only one) 2 MEDICA	YING PHYSICIAN: To the best of my kno L EXAMINER: On the basis of examinati						(a) and manner as stated.
KIND ONLY	PR.DESALMI) House STI	29c. LICENS	E NUMBER	29d	DATE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF HER PSD PL HE 31. DATE FILED (Month, Day, Ye	SO THE CAUSE OF O	EATH (ITEM 27) (Typo, Print 3001 S. 141 Brule 3 1990	ANOVER ST.	BA	TIMIPU	E, MI	2/230

al-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FIJNERAL DIRECTOR

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should		niifind
sage 5		he n
rector, 1		muef
CTDR: After this certificate has been signed by the attending physician and compietely lined in by the funeral director, page 5 should to		29 is marked or item 23 shows any injury or other traumatic event the medical examinar must be notified
by the 1	safter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ical ex
=	or re	mad
Tillec	ion,	the
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and cor	bunial,	adic e
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR	STATE OF MARYLAN	ID / DEPART	IMENT OF H	FAITH AND I	MENTAL HYGIEI	JE .	50 044/4
1 - STATE REGISTRAR	OINIC OI MINITENIO		CATE OF		REG. NO		
1. OECEDENT'S NAME (First, Middle, Last)	GRAN	JIK			2. DATE OF DEATH	DAY 1 91	3. TIME OF DEATH
1-2 12 2221	5. SEX 8. AGE (In y	rs. last birthday) YRS.	MONTHS DAYS	HOURS MIN.	7, DATE OF BIRTN (Month, Day, Year)	na	BIRTHPLACE (State or Forbign Country)
90, FACILITY NAME (If not institution, give street	ot and number)	0	9b. CITY, TOWN O	R LOCATION OF DE	ATH .	9c COUNTY	OF DEATH
HEBRUI HOT	ne		ROO	K111	le	Mo	nt.
10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ON			10d. INSIDE CITY
Maryland Montgo	omery	Ro	ckville				1 X YES 2 NO
100. STREET AND NUMBER	,			ZIP COOE		10g. CITIZEN	OF WNAT COUNTRY?
6121 Montrose Road	12. WAS DECEOENT EVER IN U.		13. WAS DEC		NIC ORIGIN? (Specify Y		RACE — American Indian,
1 Never Married 2 Married 3 XWidowed 4 Divorced	FORCES? 1 YES	žXXNO :S	If yes, spe		n, Puerlo Ricen, etc.) y:		Block, White, etc. Specify: White
15. DECEDENT'S EOUCA (Specify only highest grade of		(Give kind of w	USUAL OCCUPATIO	N I of working	18b. KIND OF BU	ISINESS/INOUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemak	e retired.)		Hon	10	
17. FATHER'S NAME (First, Middle, Last)		Homoman		18. MOTNER'S NA	ME (First, Middle, Maide		
Samuel Hayne					a Falleck		
19a. INFORMANT'S NAME (Type/Print) William Granik (So	,,,)				Route Number, City or To		
200. METNOD OF OIS 11 TO 11 TO 12 TO	20b Pi		ITION (Name of cen		e:Bethesda	DCATION City	
4 Donation S D Other Society	- Wa				em.Park;Wa	shingt	on, D.C.
21. HIGHATURE OF FUNERAL SERVICE LICE	5. La		DANZAN		DBERG MEMO		HAPELS, INC. e, Md. 20852
23. PARP1. Enter the disease, or co shock, or heer failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	mplications that caused the only one cause on each	h line.	ot enter the mo				
Sequentielly liet conditions, if any, leeding to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF	me	IIA	U5		
ceuee. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa reaulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF	·):				
PART II. Other algnificant conditions	contributing to death but	not resulting is	n the underlying	cause given in	Part I 24a WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
Bipolan	<u>d130</u>	rder			PERFO	PRMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	HOSPITAL:		26. PL QTHER:	ACE OF DEATH (Ch	eck only one)		
1 YES 2 KNO 27. MANNER OF BEATN	1 Inpatient 2 ER/Outpati	lent 3 DOA			6 Other (Specify) 28d. OESCRIBE NOW	INJURY OCCUR	EO
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 1	RK? ES 2 NO			
3 Suicide 8 Could not ba 4 Nomicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	- At home, farm, s	treet, tactory, office		281. LOCATION (Stree City or Town, Ster	end Number or (Rural Route Number,
one)	AN: To the best of my knowled On the basis of examination e						euse(e) end menner as stated.
296 SIGNATURE AND TITLE OF CERTIFIER	shall or	2		D3	MBER 8392	29d. DATE S	GNED (Month/ Day, Year)
BARBARA C	COMPLETED CAUSE OF DEATH	N (ITEM 27) (Type,	(0121	Mon	trose 7	d, R	Pockville
31. DATE FILED (Month), Day, Year) FEB 07 '90	32. REGISTRAR'S SIGNAT	Son-Rinda	22				

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	20.54		
1. DECEDENT'S NAME (First, Middle, Last)	11			2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH	
BARRY	C. GOECKER	ITZ			FEBRUARY	1, 1990	3:54 p	
4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	. 7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign	
221-40-4310	1 M 2 D F	37 YRS.	MONTHS DAYS	HOURS MIN.	OCTOBER1			
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COUNTY OF		
THE JOHNS H	OPKINS HOSPI	TAL	BALTI	MORE CIT	ry	5	NONE	
10a. STATE 10b. COUN			Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
	ROLL	TAN	<u>IEYTOWN</u>				1 YES 2 NO	
100. STREET AND NUMBER 2242 TREVANION	ROAD		10	21787		USA	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s		PANIC ORIGIN? (Specify Yelloan, Puarto Rican, atc.)	Spec		
15. DECEDENT'S EC	UCATION	16a, DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INDUSTRY	CASIAN	
(Specify only highest gra-	de completed)	(Give kind of a	work done during m	ost of working	1000 10110 07 00	01120071110001111		
Elementary/Secondary (0-12)	College (1-4 or 5+) 2 YEARS	CARPENT	ם משני	ETE EM	DI OVED H	OME DEM	ODELLING	
17. FATHER'S NAME (First, Middle, Last)	Z IBAKS	CARLENI	CI - S		NAME (First, Middle, Melden		ODELLING	
	COECKEDI	תיק				,	N.T.	
RICHARD CARL 19a. INFORMANT'S NAME (Type/Print)	GOECKERI		ADDRESS (Swins	SUSAN	REBECCA all Route Number, City or Tow		IV	
JOANNA MARIE	GOECKERIT				AD TANEYT	111111111111111111111111111111111111111	21787	
20a. METHOD OF DISPOSITION		Ob. PLACE OF DISPO				CATION - City or T		
1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	other place)	METERY				ARYLAND	
21. SIGNATURE OF FUNERAL SERVICE		DAUST CE		ND ADDRESS OF	FACILITY			
•			SKIL	ES RAL HO		AST BAL TOWN, M	TIMORE S D 21787	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. VENTR DUE TO (OR A	CULAR B A CONSEQUENCE O	F):	y CAR!			Onset and De	
Sequentielly list conditions,	a SEVE	LE LEFT VENTRICALAR FAILURE 3					3 MO	
If eny, leeding to immediate	4 2 4 4	S A CONSEQUENCE OF: NITHT ADATIC STENIOSIS 37						
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. ON G S	NITAL ADRTIC STENOSIS 374R.						
PART II. Other significant conditi	ons contributing to death	but not resulting	In the underlyle	g cause given	In Part I. 24s. WAS AF		b. WERE AUTOPSY FINOIN AVAILABLE PRIOR TO	
1SILATERA SEPSIS	L PNEUMOI	UIA			1 [] YES	11	COMPLETION DF CAUS DF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH	(Check only one)			
1 TES 2 NO	1 Inpetient 2 ER/O				ce 6 Other (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUF (Month, Day, Yea		JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED		
3 Suicide 6 Could not b	28a. PLACE OF INJU- building, etc. (S	RY — Al home, farm, pecify)	street, factory, offi	Co.	261. LOCATION (Street City or Town, State		Route Number,	
CONDER ONLY	/SICIAN: To the best of my kn						(a) and manner as state	
296. SIGNATURE AND TITLE OF CERTIF	IER			29c. LICENSE I	NUMBER	29d. DATE SIGNE	D (Month, Day, Year)	
derheh	Mhy	MD				D 2/1	190	
30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CALAM OF	DEATH (ITEM 27) (Type	Print)		OON Wolfe	+ Rai	+ 21205	
31. DATE FILED (Month, Day, Year)	32. NEGISTINAN SAN	GNATURE 70	00	0		1, 1,5000	,	

STANO OR A SI PE SPO STEAMENTS SALVON SALVONS

3. TIME OF DEATH

YEAR

Westminster MD
tory arrest, Approximate Interval Between Onset and Death

10 years

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1. DECEDENT'S NAME (First, Middle, Leet)

	John Lewis G	reen						1	30 19	990 4	1.170 P.	
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. las		NDER 1 YEAR	IF UNDER 2	-	DATE OF BIRT (Month, Day, Ye		B. BIRTHPLA Country)	CE (State or Foreign	
	217-12-2865	1)X) M 2 🗆 F	90	YRS. MONT	HS DAYS	HOURS	MIN.	5/10/		MD		
	9a. FACILITY NAME (If not institution, give	street and number)		9b.	CITY, TOWN	OR LOCATIO	N OF DEATH	1	9c. COUN	Y OF DEATH	н	
CTOR	72 N. Gorsuci	n Road			West	mins	ter		Ca	rroll	L	
LUI	10a. STATE 10b. COUN	TY		10c. CITY, 101	WN OR LOCA	TION		-		10d	I. INSIDE CITY	
PIE	MD C	arroll		Wes	stmir	ster				1 [LIMITS?	
A A	10e. STREET AND NUMBER					of. ZIP CODE			10g. CITIZ	EN OF WHAT	COUNTRY?	
띮	72 N. Gorsuch	n Road	21157									
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAF	YES 2 X	MED IO	If yes, s	CENDENT OF pecify Cuban S 2 NO	, Mexicen, F	ORIGIN? (Speci varto Rican, et	fy Yes or No—	Specify.		
0	15. DECEDENT'S ED (Specify only highest gra-	UCATION		CEDENT'S USUA				16b. KIND O	F BUSINESS/INDU			
Li.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Illo.	ive kind of work d Do NOT use retir	ed.)	iost or working	,					
MP M				Dairy	Farm	er		A	gricul	ture		
be notified at once. TO BE COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAME	(First, Middle, M	leiden Sumame)			
	Robert L. Gr							Owing:				
	19a. INFORMANT'S NAME (Type/Print)							or Town, State, Zip (
	Shirley Rill								tead, 1			
must	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Re	moval from Stata	other pl	OF DISPOSITION					oc. LOCATION — C			
h .	4 Donetion 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE	1 Le	isters					Westmin	nster	e, MD	
examin	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel											
	Robert K. 1	Robert K. Pritts, Sr. 412 Washington Rd., Westminster										
event, the medical	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. a.	Teri er	clinal				×		at,	Approximate interval Between Onset and Dea	
ERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significant condition								AS AN AUTOPSY		RE AUTOPSY FINDING	
: MEDIC	- Chronic des	elston in	cli	e pe	en	en or		_ 1 🗆 Y	res 2 XNO	OF	ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
Z	25. WAS CASE REFERRED TO MEDICAL				26. 1	PLACE OF DE	EATH (Check	only one)				
SICIA	EXAMINER?	HOSPITAL:	ER/Outpatient 3		HER: Nursing Ho	me 5 M Ree	sidence 8	Other (Specif	(v)			
0 2	27. MANNER OF DEATH	28a. DATE OF IN	JURY	28b. TIME OF	28c. IN	JURY AT			HOW INJURY OCC	URED		
marked, BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	, TOMIT)	INJURY		YES 2	NO NO					
TED	3 Suicide 8 Could not b	28a, PLACE OF	INJURY — At ho ic. (Specify)	ome, farm, street.	, factory, off	Ica	2	H. LOCATION (S City or Town,	Street and Number (State)	or Rural Route	Number,	
ANT: If Item	(Driddin Oraly	SICIAN: To the best of m									nd manner as stated.	
3 0												
E	296. SIGNATURE AND THE OF CERTIF	ER				29c. LICE	NSE NUMBE	R	29d. DATE	SIGNED (Mo	onth, Day, Year)	
IMPORTANT: TO BE COI	296. SIGNATURE AND TITLE OF CERTIF		2				NSE NUMBE		29d. DATE	SIGNED (Mo	onth, Day, Year)	

FAUSTIKO

31. DATE FILED (Month, Day, Year)
FEB 1 '90

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

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		Tibi Vizoriot X-SV
		reserve a freeze
	ANTERBAL STATE	
	e and ingle to be a	
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	ABEL	DELF	EE	GAMI	RT.E		2. DATE OF DEATH	DAY	VEAD	3. TIME OF DEATH
							JAN, 31	.199	90	5:48 P
4. SOCIAL SECURITY NUI		5. SEX	8. AGE (In yrs. las		MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		Country	
217-32-16		1 M 2XX	56	YRS.			DEC/4,1	933	MAI	RYLAND
9a. FACILITY NAME (If no						OR LOCATION OF D	EATH	9c. COL	JNTY OF DE	EATH
RT.#4		4279			LA	PLATA			CHAI	RLES
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION				10d, INSIDE CITY
MARYLAND	CH	ARLES			LA PL	ATA				LIMITS?
10e. STREET AND NUMBE	ēR					101. ZIP CODE		10g. CIT	TIZEN OF W	HAT COUNTRY?
RT.#4	BOX 4	279				2064	16		U.S.	Α.
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AF	RMED	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yo	e or No-	14. RACE	- American Indian.
1 Naver Merried 2		IF YES, GIVE	YES 2 X	NO	If yes,	apecity Cuben, Mexic ES 2 NO Speci	en, Puerto Rican, etc.)		Specify WH]	
	ECEDENT'S EDU		16a. DE	CEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BI	USINESS/IN	DUSTRY	
Elementery/Secondary	(0-12)	College (1-4 or 5	His	. Do NOT u	sa retired.)					
9th GR	ADE			HON	1EMAKE	R	J OV	IN HO	OME	
17. FATHER'S NAME (First, QUINC)		SWANN				16. MOTHER'S N. RUTH	M. WELCH			
190. INFORMANT'S NAME			19	b. MAILING	ADDRESS (Street	et and Number or Rural	Route Number, City or To	wn, State, Z	ip Code)	
CHARL.	ES W.	GAMBLE		SAN	IE AS	#10				
24F. METHOD OF DISPOS 14 Burial 2 Crema	SITION	noval from State	20b. PLACE	OF DISPO		cemetery, crematory or			- City or Tov	
4 Donation 5 Dott	her (Specify)		other pi	. RI	EST CE	METERY	LA	A PLA	ATA, N	MARYLAND
21. SIGNATURE OF FUNE	RAL SERVICE LI	CENSEE	0	-/	ARE	HART FUN	ACILITY NERAL HON ARYLAND 2	ME, IN	NC.	
iMMEDIATE CAUSE (I disease or condition resulting in deeth)		a. Res								Onaet and De
Sequentielly list conditions, leeding to impose the course. Enter UNDERICAUSE (Disease or in that inlitieted events resulting in death) L/	ditiona, nediete LYING njury	DUE TO	OR AS A CONSE	OUENCE C	FR:)	Canre				
If any, leading to Imm ceuse. Enter UNDERI CAUSE (Disease or In that initiated events	ditions, nediete LYING njury	eDUE TO	(OR AS A CONSE	OUENCE C	F):		1 Part i. 24s, WAS A	N AUTOPSY DRMED? 2 V NO	7 24b.	WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH! 1 YES 2 NO
If any, leeding to Imnouse. Enter UNDER! CAUSE (Disease or in the initieted events resulting in death) LAPART II. Other aignifies	ditions, nediete LYING njury AST	eDUE TO	(OR AS A CONSE	OUENCE C	F):		1 Part I. 24a, WAS A PERFC 1 YES	PRMED?	/ 24b.	AMILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
If any, leeding to Immouse. Enter UNDER! CAUSE (Disease or In the Initiated events resulting in death) L/PART II. Other algniffs	ditions, nediete LYING njury AST	DUE TO DUE TO d. ne contributing to	(OR AS A CONSE	OUENCE C	In the underly 26 OTHER:	ing ceusa given in	1 Part I. 24a. WAS A PERFC 1 YES	PRMED?	24b.	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
If any, leeding to Immouse. Enter UNDER! CAUSE (Disease or In the Initiated events resulting in death) L/PART II. Other algniff	ditions, nediete LYING njury AST	DUE TO C	O(OR AS A CONSE	OUENCE C	F): In the underly 26 OTHER: 4 Nursing H	PLACE OF DEATH (Come 5) Realdence	1 Part I. 24a. WAS A PERFC 1 YES	PRMED?		AMILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
If any, leeding to Immouse. Enter UNDER! CAUSE (Disease or In the Initiated events resulting in death) L/ PART II. Other algniffs 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel S	ditions, mediate LYING njury AST	DUE TO C	OR AS A CONSE OR AS A CONSE OR AS A CONSE	OUENCE C	In the underly 28 OTHER: 4 Nursing H AE OF 28c.	PLACE OF DEATH (Come 5) Residence	Part I. 24a. WAS A PERFC 1 YES	PRMED?		AMILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
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If any, leeding to Immouse. Enter UNDER! CAUSE (Disease or In that Initiated events resulting in death) Lipid Common Cause (Disease or In that Initiated events resulting in death) Lipid Cause (Disease or Initiated events resulting in death) Lipid Cause (Disease or Initiated events and Initiated events are considered as a common c	ditions, mediate LYING and an arrangement of the condition of the conditio	DUE TO c	OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE	OUENCE COUNTY CO	28 OTHER: 4 Nursing H AE OF 28c. JURY M 1 street, factory, o	PLACE OF DEATH (COme 5) Residence INJURY AT WORK? YES 2 NO	heck only one) 6 Other (Specify) 26f. LOCATION (Stree City or Rown, Stet) a to the cause(a) end me time, data and place, in	2 NO I INJURY Of	ccured or or Rural R eted.	AMAILABLE PRIOR TO COMPLETION DF CAUSI OF DEATH? 1 YES 2 NO
If any, leeding to Immoduse. Enter UNDERI CAUSE (Disease or In the Initiated events resulting in death) L. PART II. Other algniffs 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 [2 Accident 3 Suicide 6 [4 Homicide 29a. CERTIFIER (Check only one) 2 MM	ditions, mediate LYING and an arrangement of the condition of the conditio	DUE TO c	OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE	OUENCE COUNTY CO	28 OTHER: 4 Nursing H AE OF 28c. JURY M 1 street, factory, o	PLACE OF DEATH (Come 5) Realdence INJURY AT WORK? YES 2 NO	heck only one) 6 Other (Specify) 26f. LOCATION (Stree City or Rown, Stet) a to the cause(a) end me time, data and place, in	2 NO I INJURY Of	ccured or or Rural R eted.	AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)	Paul		Go	ood				2. DATE OF DEA MONTH 02	/0 ² /90	YEAR	3. TIME OF DEATH 7:53pm M
4. SOCIAL SECURITY N 578-50-		5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRT	7/15	Coun	HPLACE (State or Foreign try) ennsylvania
90. FACILITY NAME (II II St. Agi	nes Hosp						IMOTE				UNTY OF B	more City
10a. STATE		altimore	Co.	10c. CI	aton	OR LOCA	TION Je					10d. INSIDE CITY LIMITS? 1 VES 2 NO
100. STREET AND NUM	STand Br	yant Nur	s. Ctr.			10	f. ZIP COD	21	.228	10g. CI	U.S.	WHAT COUNTRY? A.
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4		12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. AF	NO NO	13.	If yes, sp	CENDENT Cubi	nn, Mexice	NIC ORIGIN? (Spec on, Puarto Ricen, a y:	Ify Yea or No	14. RAC Blac Spec	ck, White, atc. White
	DECEDENT'S EDU only highest grad ry (0-12)		(G	live kind of . Do NOT u	work done	during m	ON ost of world	ing	18b, KIND (of Business/II	NDUSTRY	
17. FATHER'S NAME (Fin	st, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, I	Vaiden Surname)		
Charles	Earl C	Good					E	dna	Hoffman			
19a. INFORMANT'S NAM			19	b. MAILIN	G ADDRES	S (Street	and Numbe	or or Rural	Route Number, City	or Town, State, 2	Zip Code)	
Mr. Rol	pert E.	Good		Star	Rt.	Box	313		Macl	nipongo		Va 23405
20e. NETHOD OF DISPO 1 Burial 2 Cren 4 Donation 5 0	nation 3 🗆 Ran	moval from State	20b. PLACE other po	of dispo	SITION (N	lame of ce	metery, cre	matory or		Glen Bu		
21. SIGNATURE OF FUN	ERAL SERVICE L	Sang					ND ADDRI			95 Rito e Sever		Hwy. Park MD 2114
Sequentielly list co if any, leeding to in cause. Enter UNDE CAUSE (Disease or that initieted events resulting in deeth)	nmediate RLYING Injury	b. DUE TO	O (OR AS A CONSE	QUENCE O	of to	il Co	idi	Pare	lin d	isens	2-	
PART II. Other sign	Mont conditio	un contribution t	a death but not		la tha s	on almost de		aluan la	Post I am			WERE ALTERNATION OF THE PARTY O
bei Sd	231 1)	_ 0	chises.		in the U	indenyii	ig cause	given in	F	MAS AN AUTOPS PERFORMED? YES 2 NO	Y 24	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERE EXAMINER?		HOSPITAL:		1	отне				heck only one) 8 Other (Spec			
		28a. DATE C (Month,	ER/Outpatient F thJURY Day, Year)	28b. TI		28c. IN	JURY AT ORK? YES 2		8 Other (Spec		OCCURED	
	Could not be determined	28a. PLACE building	OF INJURY — At h g, atc. (Specify)	ome, farm,	, street, fa	ctory, off	ca		281. LOCATION City or Town		ber of Rura	Ralto
opel -		SICIAN: To the best of										e(e) and manner ee stated.
29b. SIGNATURE AND T		>6500	79				29c. Li	753	MBER 7	29d. 0	ATE SIGNI	ED (Month, Day, Year)
30. NAME AND ADDRES	SOF PERSON W	T Can	USE OF DEATH (IT	EM 27) (Typ (pe, Point)	eto	2	121	7 DA	RSHAI	V. 5.	SALUTA
31. DATE FILED (4 D.T.	By you 6 19	190 32 fleshirthe	Davidson-D	andre	14a	elo	2	121	/ Un	707017		7,, =0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Lest) MAY 4. SOCIAL SECURITY JUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 90. FACILITY NAME (If not institution, give etreet end number) Western Maryland Center Hagerstown 100. STATE 100. STATE 100. STATE 100. STREET AND NUMBER 110. STREET AND NUMBER 1111 Carroll Heights Blvd. 12. MAS DECEDENT VAME (If not institution, give etreet end number) 12. WAS DECEDENT VAME (If not institution, give etreet end number) 14. RACE — American Black, White, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify: White etc.) 16. Widowed 4 Divorced 17. PATE OF BIRTH MONTH DAY Western Mentles 1. S. BIRTHPLACE (State or United States) 1. May 10, 1920 1. May 10, 1920 Tulua, Co 90. COUNTY OF DEATH Washington 100. CITY, TOWN OR LOCATION Washington 100. CITY, TOWN OR LOCATION 100. INSIDE LIMITS 101. ZPP CODE 109. CITIZEN OF WHAT COUNTY 11. MARITAL STATUS 1 Never Merried 2 Married 1 Never Merried	soperation of Formign of Lumbia
4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 1	olumbia
The state of december of the state of the st	olumbia
99. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) Western Maryland Center Hagerstown 100. CITY, TOWN OR LOCATION OF DEATH Washington 100. LINSIDE LIMITS 101. ZIP CODE 101. ZIP CODE 102. STREET AND NUMBER 103. STREET AND NUMBER 104. INSIDE LIMITS 105. CITY, TOWN OR LOCATION 106. CITY, TOWN OR LOCATION 107. YES 108. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTY 109. CITIZEN OF WHAT COUNTY 111. MARRITAL STATUS 112. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 113. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 114. RACE — American Black, White, etc. Specify: 115. Yes 2 DNO 117. YES 2 DNO 118. Yes 2 DNO 119. Specify: 119. Specify: 110. Specify: 110. State And Number 1111. Carroll Heights Blvd. 1112. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 114. RACE — American Black, White, etc. Specify:	CITY
Western Maryland Center RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland 10c. CITY, TOWN OR LOCATION Hagerstown 10d. INSIDE LIMITS 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTY 1111 Carroll Heights Blvd. 11. MARKITAL STATUS 1 Maryland 10. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT COUNTY 11. MARKITAL STATUS 1 Maryland 1 Ma	E CITY
100. STREET AND NUMBER 1111 Carroll Heights Blvd. 11. MARKTAL STATUS 1 Nover Merried 2 Married 101. ZIP CODE 21740 NO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— FORCES? 1 VES 2 NO If Yee, specify Cuben, Maxicen, Puarto Rican, etc.) 1 Nover Merried 2 Married 102. CITIZEN OF WHAT COUNTY 103. VIP CODE 104. RACE — American 105. Specify: 105. STREET AND NUMBER 106. STREET AND NUMBER 107. VIP CODE 108. CITIZEN OF WHAT COUNTY 109. CITIZEN OF WHAT COUNTY 11. MARKTAL STATUS 11. MARKTAL STATUS 12. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— 16. RACE — American 17. VIES 2 NO Specify:	2 NO
100. STREET AND NUMBER 1111 Carroll Heights Blvd. 11. MARITAL STATUS 1 Nover Merried 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Maxicen, Puarto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— Black, White, etc.) 14. RACE — American if yes, specify Cuben, Maxicen, Puarto Rican, etc.) 15. YES 2 NO Specify: 16. Specify:	2 NO
IF YES, GIVE WAR OR DATES 1X YES 2 □ NO Specify: Specify:	'RY?
IF YES, GIVE WAR OR DATES 1X YES 2 □ NO Specify: Specify:	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 18b. KIND OF BUSINESS/INDUSTRY	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) To FATHER'S NAME (First, Middle, Last) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE 18. MOTHER'S NAME (First, Middle, Malden Surname) Congregation Vol. 11 description	
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	
Moises Zuniga Conception variderinten	10
190. NATIONAL (Type/Print) 190. NATION AMPORT Galvis 190. NATION AMPORT Galvis 190. NATION AMPORT Galvis 190. NATION AMPORT Galvis 190. NATION AMPORT OF RUMB PRINT (Type/Print) 190. NATION AMPORT OF RUMB PRI	
20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of completely, crematory or 20c. LOCATION — City or Town, State	yland
1 Burial 2 Cremation 3 Removal from State 4 Dopetion 5 Other (Specify) Smithsburg Crematory Smithsburg, Mary 1	Land
21. SIGNATURE OF FUNERAL SERVICE ROSES OF FACILITY Gerald N. Minnich 305 N. Potomac St	
Funeral Home Hagerstown, Maryl	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest,	oximate val Between
IMMEDIATE CAUSE (Fine) disease or condition R 0 1 2 1 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t and Death
DUE TO (OR AS A CONSEQUENCE OF):	gra
Z Diatella Mellilus 4	- glar
Sequentisliy list conditions, if any, leading to Immediate couse. Enter UNDERLYING	0
CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d	
	BOY EMONIOS
240. WERE AUTO	
A tering Completion	
Arterioscleratic Dart Diago VES 2 NO COMPETER OF DEATH?	N OF CAUSE
Anterioscleratic Dart Disease yes 2 000 PERFORMED? OF DEATH? 1 YES:	N OF CAUSE
Anterioscleratic Dart Disease YES 2 NO April 1 YES 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	N OF CAUSE
Anterios Claratic Dart Droca Yes 2 000 Competition of Death (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO THER: 1 No SPITAL: 1	N OF CAUSE
1 YES : 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Oppetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Recidence Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?	N OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES : 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 21. Nursing Home 5 Reeldence 5 Other (Specify) 22. MANNER OF DEATH 23. PLACE OF DEATH (Check only one) 24. Nursing Home 5 Reeldence 5 Other (Specify) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NO NO NO NO	N OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 28. PLACE OF INJURY NORK? Notural 5 Pending Investigation 28. PLACE OF INJURY AT WORK? Notural 5 Pending Investigation 28. PLACE OF INJURY AT WORK? Notural 5 Pending Investigation 28. PLACE OF INJURY At home ferm, street, factory office	N OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	N OF CAUSE 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	N OF CAUSE 2 NO NO r oe stated.
COMPLETION OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 4 Monicide 8 Could not be determined 28e. PLACE OF INJURY (Month, Dey, Year) 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY At North, Dey, Year) 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY At North, Dey, Year) 28e. LOCATION (Street and Number or Rural Route Number, City or Norm, Stete) 28e. PLACE OF INJURY At North, Dey, Year) 29e. CERTIFIER (Check only One) 29e. CERTIFIER (Check only One) 29e. LICENSE NUMBER 29ed. DATE SIGNED (Month, Dey, Dey, Dey, Dey, Dey, Dey, Dey, Dey	N OF CAUSE 2 NO NO r oe stated.
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	N OF CAUSE 2 NO NO r oe stated.

ld be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

or emul be not fled at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filed in by the funer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exami DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	24	III de	the
69	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely fill	be filed within 72 fours aret dearn with the State Cept, or region and mental systems prior to outles, overladding IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed	and co	matic (
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	HOSP	FUNE	TANT
	포	포	OR
	2	2	W B

JAN 26 90

1. DECEDENT'S NAME (First, Middle, Las PORA	607	lmar	7			2. OATE	OF DEATH	DAY 8	YEAR 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-25-0834	5. SEX 6.	AGE (In yrs. lest t		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	21	Country	S.S.R
9a. FACILITY NAME (If not institution, give HOLY CROSS HOS			96		OR LOCATION OF D				NTGC	MERY
10e, STATE 10b, COUN	TY TGOMERY			OWN OR LOCA LVER	SPRING	T				18d. INSIDE CITY LIMITS? fX YES 2 NO
100. STREET AND NUMBER 11405 COLUMBIA	A PIKE #1	D2		10	20904		711		ZEN OF W	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 [] IF YES, GIVE WAR	VER IN U.S. ARM YES 2 7 NO OR DATES	IED O	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2X NO Speci	an, Puerlo			14. RACE	- American Indian, White, atc.
15. DECEDENT'S EI (Specify only highest gra Elamentary/Secondary (0-12)	College (1-4 or 5+)	/Give	EDENT'S USI to kind of work Do NOT use re	,	ION lost of working		PEDIA			***************************************
17. FATHER'S NAME (First, Middle, Lest) YAN	KEL GUMIN				18. MOTHER'S NA DORA			n Sumame)		
	HIKOV	19b. 1	MAILING AD	COLU	and Number or Rural MBIA PI	Route Num	nber, City or To	wn, State, Zip SILVE	Code) Z R SI	20904 PRING, MD
20e. METHOD OF DISPOSITION Deuriel 2 Cremetion 3 Ref Donation 6 Other (Specify)		CHESE		ON (Name of ce	emetery, cremetory or MES			SHIN		
Trank	// 1					7 ()		1,11,1,17	LTWI	LUAFELD
iMMEDIATE CAUSE (Fine)	r complications that case. List only one cause	aused the daer on each line.	oth. Do not	1170	ROCKVI	LLE	PIKE	E:ROC	KVII	CHAPELS LLE, MD 20 Approximata interval Between Onact and Deatt
ahock, or haart fallur iMMEDIATE CAUSE (Finel	a. DUE TO (OF DUE TO (OF C.	aused the deel on each line. A AS A CONSEOL A AS A CONSEOL	UENCE OF):	1170	ROCKVI	LLE	PIKE	E:ROC	KVII	Approximata interval Batwaen
ahock, or heart failur iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR DUE TO (OR DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. D. D. D. D. D. D. D. D. D. D. D. D.	on each line. A A CONSEOL A A A CONSEOL A AS A CONSEOL A AS A CONSEOL A AS A CONSEOL	UENCE OF):	1170 enter the m ep Si	ROCKVI	LLE	PIKI diec or res	E : ROC piretory arr	KVII	Approximate interval Between Oneet and Death S Anyj
ahock, or haart failur iMMEDIATE CAUSE (Finei diseasa Dr condition reaulting in death) Sequantially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or injury that initiated events resulting in death) LAST PART II. Other significent conditi ACUJE ACUJE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	a. DUE TO (OF DUE TO (on each line. A A A CONSEOU A AS A CONSEOU A AS A CONSEOU B AS A CONSEOU B AS A CONSEOU B AS A CONSEOU B AS A CONSEOU B AS A CONSEOU B AS A CONSEOU B AS A CONSEOU B AS A CONSEOU B AS A CONSEOU B AS A CONSEOU	UENCE OF): UENCE OF): UENCE OF):	1170 enter the m P SU the underlyle 28. F THER: Nursing Ho F 28c. IN	ROCKV I	DLE the a cert	PIKE 24a. WAS # PERF 1 □ YES	E : ROC piretory arr	KVII	Approximate interval Between Onact and Death S Arry J. 7 MONTHLY
ahock, or heart feliur IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditi ACUSE MANGER 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. DUE TO (OF DUE TO (A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A A CONSEOL A A A CONSEOL A A A CONSEOL A A A CONSEOL A A A CONSEOL A A A CONSEOL A A A CONSEOL A A A CONSEOL A A A CONSEOL A A A CONSEOL A A A CONSEOL A A A CONSEOL A A A CONSEOL A A A CONSEOL A A A CONSEOL A A A CONSEOL A A A CONSEOL A A A CONSEOL A A CONSE	UENCE OF): UENCE OF): UENCE OF): UENCE OF): DOA 4 28b. TIME O	1170 enter the m P Su the underlyle 28. F THER: Nursing Ho F 28c. IN M 1	ROCKVI ode of dying, such ng cause given in PLACE OF DEATH (C. me 5	DLE the ea cert Part I. heck only of a control of the control o	PIKE 24a. WAS # PERF 1 □ YES	INJURY OCH	KVII 24b.	Approximate interval Between Oneet and Death of Sarah Congress of the Congress

32. REGISTRAR'S SIGNATURE

Guna Davidson-Randall

N.W. Wash. Dl.

socie commen

216-22-3154 2 -

BALTIMORE, MARYLAND 21203-3146

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.
e funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last) ELOISE S		ER			2. DATE OF DEATH	13 98	R 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 577-24-8573	1 🗆 M 2 💢 F	68 YRS. M	F UNDER 1 YEAR DAYS DAYS	IF UNDER 24 HRS. HOURS MIN.		, 1921°	RTHPLACE (State or Foreign suntry) WASHINGTON, DO
9a. FACILITY NAME (If not institution, give HOLY CROSS HOSPI		9		SPRING	EATH	9c. COUNTY O	GOMERY
HOLY CROSS HOSPI RESIDENCE OF DECEDENT 106. STATE 106. COUNT MARYLAND	MONTGOMERY		TOWN OR LOCATI				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER		1 1	10f.	ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
2804 JENNINGS ROA	12. WAS DECEDENT EVER I	N II C ADMED		20895	NIC ORIGIN? (Specify Yes	USA	ACE — American Indian.
3 Widowed 4 XDIvorced	FORCES? 1 YES	2 (NO	If yes, spe-		n, Puerto Ricen, etc.)	6	peolly: WHITE
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 1 2 12.	UCATION de completed) College (1-4 or 5 +)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use if SECRETAR	k done during mos etired.)	N t of working	INSURA	NCE COM	
17. FATHER'S NAME (First, Middle, Last)	a a a mm			16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
PERCY KINNIER S 190. INFORMANT'S NAME (Typo/Print)	CO.L.I.	T 105 MAILING AL	DODESC (Complete	HELE	N BERRY Route Number, City or Tow	on State 7to Code	3
SHEILA G. HENR	Y				KENSINGTON		
20s. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT				CATION — City of	
1 Burial 2 X Cremation 3 Red 4 Donation 6 Other (Specify)		other place) METROPOLIT	AN CREM	ATORY	ALE	XANDRIA	. VIRGINIA
21. SIGNATURE OF EUNERAL SERVICE L	ICENSEE /	//		O ADDRESS OF FA			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. RESARATO	PAILUR	E			Iretory arrest,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	AL SYNI	DROME			
PART II. Other significant condition HISTORY DE CHECK 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NAO 27. MANNER OF DEATH	ons contributing to death in MOTHERIAPY AN	but not resulting in DRADIATIO	the underlying	cause given in	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	neck only one)		
1 TES 2 1 NO	1 Dempatient 2 ER/Out	patient 3 DOA 4			6 Other (Specify)		
27. MANNER OF DEATH 1 Vatural 5 Pending 2 Accident Investigation		28b. TIME (M 1 V	RK? ES 2 NO	28d. DEŞCRIBE HOW		
	e building, etc. (Spe	Y — At home, farm, streedfy)	et, factory, office		281. LOCATION (Street City or Town, Stete)	and Number or Ru)	ral Route Number,
000)	SICIAN: To the best of my know NER: On the bests of exemination						rse(e) end manner ea stated.
Stewn (Ken	y-MD			294. LICENSE NU 136-25			NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	the state of the same of the same of the same of						170
STEVEN T. KAR	CYA, MD, 47	OI RANDO	WH RI	#63	POCKVILLE	- MD 2	. , , -

SERVICE SERVICE IN THE

REG. NO.

40

FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last			<u>JEIIIII</u>	TOAT		DEATH	2. D/	ATE OF DEATH	AY	YEAR	3. TIME OF DEATH
		underson						-	nuary 26			7:00 A
	4. SOCIAL SECURITY NUMBER 215 34 3396	5. SEX 1 M 2 X F		s. last birtnday) YRS.	WONTHS	DAYS	IF UNDER 24 HRS	(M	TE OF BIRTH Conth, Day, Year) Y 6, 189		Count	PLACE (State or Foreign ry) inois
1	9a. FACILITY NAME (If not institution, give				9b, CIT	, TOWN	R LOCATION OF	DEATH		9c. COUN	TY OF D	EATH
OH	Wilson Health Ca	re Center				Saith	ersbur	g		Mon	ntgo	mery
HECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN			1								
T.				10c. CI	TY, TOWN							10d. INSIDE CITY LIMITS?
0		tgomery			Gait	-	burg					1 X YES 2 NO
ERAL	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CITIZ	EN OF	VHAT COUNTRY?
NE	201 Russell Aven						20877				ited	States
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	YES 2	XNO	13.	If yes, sp	ENDENT OF HIS ecify Cuben, Mex 2 X NO Spe	den, Puer	IGIN? (Specify Yes rto Rican, atc.)	or No —	14. RACI Blac Spec	E — American Indian, k, Whita, etc. Hy: White
ED	15, OECEOENT'S ED (Specify only highest grad		16a	DECEDENT			ON st of working		186, KIND OF BUS	SINESS/INO	JSTRY	
ET	Elementary/Secondary (0-12)	Gollega (1-4 or 5	+)	Itte. Do NOT	usa retired.)	during mo	ot or working					
COMPL	12	4		Tea	cher				Montgo	mery	Cou	nty
Ö	17. FATHER'S NAME (First, Middle, Last)					-	18. MOTHER'S	NAME (Fir	st, Middle, Maiden	Sumame)		
BE	Edward W. Do	olen					Myrtl	Le	Неа	dlev		
	19a. INFORMANT'S NAME (Type/Print)			19b, MAILIN	G ADDRES	\$ (Street a	nd Number or Ru	ral Route N	lumber, City or Tow		Code)	
2	Nancy Gray Sherr	ill										xas 76308
	20a. METHOD OF DISPOSITION		20b, PL	ACE OF DISPO			netery, crematory			CATION - C	-	
	1 W Buriel 2 Cremetion 3 Re 4 Donation 8 Other (Specify)	moval from State	Ar	er place) Lingto	n Na	tion	al Ceme	terv				Virginia
	23. PARY Layer the diseeses, or shock, or heart failure IMMEDIATE CAUSE (Final diseese or condition resulting in death)	a. Sign	use on each	line.	not enter	r the mo	de of dying, s	euch es c	cardiec or respi	ratory arre	est,	Approximate interval Betwee Onset and Dea
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	OR AS A COL	NSEOUENCE (OF):							
N: MEDICAL	1.0	ellation Cur Fa) In the u	nderiyin	g csuse given	In Part I	. 24a. WAS AN PERFOR	RMEO?	241	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF OEATH	(Check onl	y one)			
(0)	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatier	nt 3 🗆 00A	OTHE 4 XNu		e 5 🗆 Raalden	ca 8 🗆 C	Other (Specify)			
PHY	27. MANNER OF DEATH	28a. OATE OF		28b. Ti	ME OF	28c. INJ	URY AT	-	OEŞCRIBE HOW I	NJURY OCC	URED	
	1 Natural 5 Pending		Day, Year)	"	AJURY M		PRK?					
TED BY	2 Accident invalingation 3 Suicide 8 Could not b detarmined	28a. PLACE (of INJURY — A , atc. (Specify)	At home, farm	, street, fed	story, offic	•		LOCATION (Street of City or Town, State)		or Rural	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHY One) 2 MEDICAL EXAMI											s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIF						29c. LICENSE					(Month, Day, Year)
BE	and Vine	0.					022					у 26, 1990
2	30. NAME AND ADDRESS OF PERSON V	NO COMPLETED CALL	ISE OF DEATH	(ITEM 27) (5-	Drine)		002	10		Jai	ıua f	y 20, 1990
	The state of the s	women and the Contract	TE OF DENIN	1	run (11fff)							

ALan R. Vinitsky, M.D. 12116 Darnestown Rd. Gaithersburg, Maryland 20878

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	FICATE OF	DEATH	REG	a. NO.		
1. DECEDENT'S NAME (First, Middle, La	est)				2. DATE OF DEA	ATH DAY	YEAR	3. TIME OF DEATH
HARLEY	Preston	GL	ASS			ry 9, 1		10:41 A
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIR	TH	6. BIRTI	IPLACE (State or Foreign
217-10-5861	1 1 M 2 F	81 YRS.	MONTHS DAYS	HOURS MIN.			Wes	st Virgin
9a. FACILITY NAME (If not institution, git Memorial Hospit RESIDENCE OF DECEDENT	al & Medica	1 Center		or Location of	DEATH		inty of the	
10a. STATE 10b. COU	INTY		TY, TOWN OR LOC					10d. INSIDE CITY LIMITS?
	llegany	C	umberl					1 TYES 2 NO
12719 Cress	ap Street			01. ZIP CODE 21502			U S	A
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yea,		PANIC ORIGIN? (Specican, Puarto Rican, a city:		14. RACI Blac Spec	E — American Indian, k, Whita, atc.
15. DECEDENT'S E (Specify only highest gi Elementary/Secondary (0-12)		(Give kind of life. Do NOT		nost of working	16b. KIND (OF BUSINESS/IN		
2		F1	ber Sp.				tile	
17. FATHER'S NAME (First, Middle, Last) Robert Du		lass		Zora	NAME (First, Middle, I	hnson		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	t and Number or Run	al Route Number, City	or Town, State, Z	ip Code)	
Violet E. H	Boyd	Rou	te 8	Box 4	51 Cumb	erlan	d. M	D 21502
20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 F 4 Donation 5 Other (Specify)	Ramoval from Stata	20b. PLACE OF DISPO		comotory, cromatory of	2	Cumbe:		
21. SIGNATURE OF FUNERAZ SERVICE	LICENSEE	ala	Haf	and address of	FACILITY el of t	he Hi	lls	Mortuary
iMMEDIATE CAUSE (Final disease or condition	or complications that care. List only one cause			node of dying, s	nal Hwy	respiratory a	rrest,	Approximata Interval Betwo
shock, or heert fellu iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a. Azut bue to (or b. Oped to (or		not anter the notation of the start of the s	node of dying, s	nal Hwy	respiratory a	rrest,	Approximata Interval Betwo
shock, or heert fellu iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	a. Azart bue to (or c. Due to (or d.	R AS A CONSEQUENCE OF AS A	or): OF): In the underly	l I	nal Hwy uch as cardiac or fact Ca in Part i. 24a. y	respiratory a	rrest,	Approximata Interval Betwo
shock, or heert fellu iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. Azart BUE TO (OF DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. D. DUE TO (OF d. D. D. D. D. D. D. D. D. D. D. D. D. D.	R AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE	of): Of):	l I	in Part i. 24a. v	AMAS AN AUTOPS'S PERFORMED?	rrest,	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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shock, or heert fellu iMMEDIATE CAUSE (Final disease Dr condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease Dr injury that initieted events resulting in death) LAST PART ii. Other eignificent condi 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 ONO 27. MANNER OF DEATH 1 Natural 5 Pending Investigati 3 Suicide 8 Could not detarmine 29a. CERTIFIER (Check only One) 2 MEDICAL EXAM	DUE TO (OF DUE TO (OF	RAS A CONSEQUENCE OF DEATH (ITEM 27) (7)	oF): OF):	PLACE OF DEATH DOME 5 Residence NJURY AT NORK? YES 2 NO fice ate and piace, and ce , death occurred at the D1486.	in Part i. 24a. v (Check only one) 28d. DESCRIBE 28f. LOCATION City or Town stua to the cause(a) a the time, deta and pi	NAS AN AUTOPS) PERFORMED? YES 2 ND NO INJURY OF INJURY	CCURED or or Rural tated.	Approximate interval Betwo Onset and De Onse

Gm bericker, his

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			RTIFIC	112 01		REG. NO	,.	
0	Graessl	e				2. DATE OF DEATH	Q _A	3. TIME OF DEATH 04:00 A
4. SOCIAL SECURITY NUMBER 058-10-3384	1 🗆 M 2 🔭 F	AGE (In yrs. last b	YRS. MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dev Mar) 9-11-1	904	8. BIRTHPLACE (State or Foreign Country) New York
Shady Grove Adve	street and number) ntist Hospi	tal	96		OR LOCATION OF DI	EATO		ntgomery
RESIDENCE/OF DECEDENT 100. STATE 10b. COUN New York Du	tchess			wn or Local			W)	10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 24 Beechwood Av	enue			10	1. ZIP COOE 12601			ZEN OF WHAT COUNTRY? ted States
11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, OIVE WAR	YES 2 NO	O	If yee, s		NIC ORIGIN? (Specify Ye in, Puerto Ricen, etc.)	e or No-	14. RACE — American Indian, Black, White, stc. Specify: White
15. DECEDENT'S EC (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give lite. D		ired.)	ON ost of working	166. KIND OF BU	th Cai	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Meider		
John Pearson					Anna	Pearson		
ton. INFORMANT'S NAME (Type/Print) Carol Graess	10					Route Number, City or Tox		-001)
20e. METHOO OF DISPOSITION 1 Buriel 2 Cremetion 3 Image: Company of the Company			DISPOSITIO	N (Name of ce	metery, cremetory or	20c. L	OCATION —	, Maryland City or Town, State ia, Virginia
St. BIOSOTUPE OF PURPLY SERVICES	ocessee			10 1	East Deer	Park Driv , Maryland	ve	
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	b. OUE TO (OR	AS A CONSEOU AS A CONSEOU AS A CONSEOU	ENCE OF):	ure Su		Hemor L Her		
PART II. Other significant condition	dons contributing to dea	ath but not res	uiting in ti	na underlyli	g cause given in		RMED?	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	1							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ₺ NO	HOSPITAL:	2/Outpatient 3 🗆		HER:	LACE OF OEATH (CI			
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH XX Netural 5 Pending	1 Anpatient 2 EF	URY		HER: Nursing Ho	ne 5 Residence JURY AT DRK?	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	CURED
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 \$\inpatient 2 \subseteq EF 28a. DATE OF INJ (Month, Day, 1)	URY (6ar)	DOA 4 [28b. TIME OF INJURY	HER: Nursing Ho	ne 5 Residence JURY AT DRK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	and Number	CURED or Rural Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH XIX Netural 5 Pending Investigation 3 Suicide 6 Could not b datarmined 29a. CERTIFIER (Check only) CERTIFYINO PHY	28a. DATE OF INJ (Month, Day, 1) 28a. PLACE OF IN building, etc. //SICIAN: To the best of my	URY — At home (Specify)	DOA 4 [28b. TIME OF INJURY	HER: Nursing Hotel 28c. IN W M 1 1, factory, offi	ne 5 Residence JURY AT ORK? YES 2 NO De	6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State a to the cause(e) and m	t and Number 9) enner as stat	or Rural Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH XIX Netural 5 Pending Investigation 3 Suicide 6 Could not b datarmined 29a. CERTIFIER (Check only) CERTIFYINO PHY	28e. DATE OF INJ (Month, Dey.) 28e. PLACE OF IN building, etc. (SICIAN: To the best of my NER: On the beste of exam	URY vear) JURY — At home (Specify) knowledge, death	DOA 4 [28b. TIME OF INJURY or, ferm, street or occurred at estigation, in	HER: Nursing Ho 28c. IN M 1 t, factory, offi the time, det	ne 5 Residence JURY AT ORK? YES 2 NO De	28d. DESCRIBE HOW 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State to the cause(e) and m	t and Number siner as stat and due to th	or Rural Route Number,

		1. DECEDENT'S NAME (First, Middle, Last) DOROTHY A HALL 2. DATE OF DEATH OPEN 90AR 855 PM														
		4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF 1			. BIRTHP	PLACE (State or Foreign	
		216-34-748	6	1 M 2 X F	50	YRS.	MONTHS	DAYS	HOURA	MIN.	(Month, De		939	MAF	RYLAND	
2, 3 should	OR	99. FACILITY NAME (If not institution, give street and number) NORTH ARUNDEL HOSPITAL 96. COUNTY OF IT ALL GLEN BURNIE A.A. C									Y OF DE	ATH				
	BY FUNERAL DIRECTOL	RESIDENCE OF DE	10b. COUN	TY		10c. CIT	Y, TOWN O	R LOCAT	TION						10d INSIDE CITY	
permit. Pages		MARYLAND 100. STREET AND NUMBER		PASADENA 101. ZIP CODE				E	10g. CITIZEN OF				LIMITS? 1 YES 2 NO HAT COUNTRY?			
		7833 WILLINGS COURT							21122				U.S.A.			
:3146 sling physician. the burial-transit		11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Div	IT EVER IN U.S. AI	YES 2 NO It yes			DECENDENT OF HISPANIC ORIGIN? (Specify Year, specify Cuben, Mexicen, Puerto Ricen, etc.) YES 2 X NO Specify:				as or No 14. RACE — American Indian, Black, White, stc. Specify: BLACK					
tend as	CH		CEDENT'S ED		18e. DI	ECEDENT'S	USUAL O	CUPATIO	ON .		16b. KIN	ID OF BUSI	NESS/INDU	STRY	Danok	
	IPLET	Elementary/Secondary (T	College (1-4 or 5	life.	DOM	ESTI		ist of work	ng.						
三年 東北	TO BE COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S I					NAME (First, Middle, Maiden Surname)					
用作 100		ROLAND WHITE				MARIA					N PACK					
411		19a. INFORMANT'S NAME (Route Number, (-		
N 2 2 2 2		SHELLY A. k									SADENA					
OR e 6 m ector.		1X Burlel 2 Cremetion 3 Removal from State 4 Donestion 5 Other (Specify) ASBURY TOWN NECK U.							U.M. CEMETERY SEVERNA PARK, MD.							
death. Iunera		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 821 WEST ST. ANNAPOLIS, MD. WILLIAM REESE & SONS MORTUARY, P.A.														
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Tours after de 10 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the it, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical ex	BE COMPLETED BY PHYSICIA	23. PART I. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardia Authority arrest Due to (or as a consequence or): Sequentially list conditions, if any, feading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST Due to (or as a consequence or): d. PART (I. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART (I. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART (I. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART (I. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART (I. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART (I. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART (I. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART (I. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART (I. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART (I. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART (I. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART (I. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART (I. Other algnificant conditions contributing to death but not resulting in th									Approximata Interval Between Onset and Daeth Immedia I					
		IRA E. KAPLAN, M.D. 7845 OAKWOOD ROAD, #200 GLEN BURNIE, MARYLAND 21061 31. DATE FILED (Month, Day, Year) FEB 1 2 1990 Julia Savidson-Bandare														
				~ WIJJU ~	- worming	MOY/	-Through	well from								

FER 1.8 1990 Sec. Sec. 1944

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the contract of the con	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complement that he has be fled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, crement, or manner.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical ma	
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1 - STATE REGISTRAR	SIATE OF MARYL		ICATE OF	F DEATH	MENIAL	REG. NO.	t				
1. DECEDENT'S NAME (First, Middle, Las	0					OF DEATH		WEAR 3	. TIME OF DEA	ATH	
Mary	K. Ho	arriso	nc		02- 08- 1990				6:30	P	
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (OF BIRTH Day, Year)		8. BIRTHPI Country)	LACE (State or I	Foreign	
578 244324	1 🗆 M 2 💢 F	87 YRS.	MONTHS DAYS	HOURS MIN.	10	-12-	08		nesota		
9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUN	TY OF DEA			
1102 Skyway Di	rive		Cape	St. Clar	e		A.A. County				
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	ITY	10c. CIT	Y, TOWN OR LOC	ATION				1	10d. INSIDE CITY		
MD A	.A. County		Cape S				LIMITS?				
10e. STREET AND NUMBER	in. Country			IOF. ZIP CODE	10e. CITIZE				AT COUNTRY?	7.5	
1102 Skyway Di	rive		21401						U.S.A.		
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	MED 13. WAS DECENDENT OF HISPAI			NIC ORIGIN? (Specify Yee or No-			14. RACE - American Indian.		
1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES	ES 2 XNO If yes, specify Cuben, Mexice							Specify: White		
15. DECEDENT'S El (Specify only highest gra		18e. DECEDENT'S	USUAL OCCUPAT	TION most of working	18b.	KIND OF BUS	BINESS/INDL	JSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	(Give kind of work done during most of working life. Do NOT use retired.)								
Unknown	Unknown	Leg	al Secre			Law Firm					
ATHER'S NAME (First, Middle, Last) John	Kort	thuis		IAME (First, Middle, Maiden Surname) gelina Ahrenholz							
INFORMANT'S NAME (Type/Print)				t end Number or Rural							
Patricia A. So	oares	2814	New You	rk Ave.,B	altim	iore l	MD 2	1227			
METHOD OF DISPOSITION A Burlal 2 Cremetion 3 Re	20b	p(her place)	SITION (Name of o	cemetery, crematory or			CATION - C				
4 Donation 5 Other (Specify)		Meadowr	idge Mer	n. Park	Elkridge, MD						
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1	22. NAME	AND ADDRESS OF FA	ACILITY	4:	21 Cr	ain H	Hwy. S	F	
Robert	Just 430	cher	Kirl	kley Fune	ral H						
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF): onditions, mmediate Entry in Grass a consequence of): t injury is DUE TO (OR AS A CONSEQUENCE OF):									7	
PART II. Other significant conditi	ons contributing to death b	out not resulting	In the underly	ing ceuse given in	Part I.	24s. WAS AN	AUTOPSY		WERE AUTOPSY		
				=	PERFORMED? 1 YES 2 NO			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)	heck only one	9)					
EXAMINER? 1 YES NO	HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Speel										
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c. II	NJURY AT	28d. DESCRIBE HOW INJURY OCCURED						
1 Netural 5 Pending		JURY V	VORK? YES 2 NO	200. DEGOTIBE HOW INJUST OCCUPED							
2 Accident Investigatio 3 Suicide 8 Could not be determined	/ — At home, farm,					281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
Torroom only	YSICIAN: To the best of my know								and manner ee	stated.	
295 STGNATURE AND TITLE OF CERTIF	TER	-		_29c. LICENSE NU	IMBER		29d, DATE	SIGNED /	Month, Day Year	(r)	
11/1/4/91	2	w.	11)51	92	2 >2/9/				7		
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)		1.			1	11		
16 Murray A	ve Anna	olis r	nd a		Dr.	Richa	ard:	I.H	lochm	ar	
31. DATE FILED (Month, Day, Your)	32. REGISTRAD'S SIGN	13 1990	greha Na	rason-Hina	LDC-						

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

BALTIMORE, MARYLAND 21203-8

TO BE COMPLETED	at once.	10 M	
TO B	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examinar must be mutilised at once.		
	ent, the medical	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or remain	
-ICATION	er traumatic eve	le prior to burial, c	THE POINTING WIND OF THE WIND SET WIND SET WIND WIND WIND WIND WIND WIND WIND WIND
CAL CERTII	ny Injury, or oth	and Mental Hygier	and with the
SIAN: MEDI	m 23 shows at	te Dept. of Health	CHECK TOOK ONLY
BY PHYSIC	marked, or ite	leath with the Sta	THE CHE COLUMN
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IT: It item 28 is	in 72 hours after (TIME CHILDREN
TO BE CO	IMPORTAN	be filed withi	NO THE FUN

FOR 1 STATE	STATE OF MAI						MENTAL H	IYGIEN	E	90	0448
1. DECEDENT'S NAME (First, Middle, Lest)	CHAR	TES W	HARR		DEATI	H	2. OATE OF	252TH 0	3799	VEAR 3	3. TIME OF BEATH P
4. SOCIAL SECURITY NUMBER 577-09-7971	5. SEX 6.	AGE (In yrs. lest birt	thday) IF UNI	DER 1 YEAR	IF UNDER 24	MIN.	7. DATE OF S	BIRTH 37. Your 9 8		8. BIRTHPI	LACE (State or Foreign
9a. FACILITY NAME (If not institution, give str Brooke Grove Nu		9b. CITY, TOWN OR LOCATION OF DEA								omery	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland M	ontgomer		oc. CITY, TOW			× α					10d. INSIGE CITY LIMITS?
100. STREET AND NUMBER 20611 Goshen R		Y	Ga	Gaithersburg 101. ZIP CODE 20879							TAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 IF YES, GIVE WAR	YES 25 NO		It yes, sp	ENGENT OF	HISPAN	IC ORIGIN? (S			14. RACE - Black,	- American Indian, White, atc. Black
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give k	DENT'S USUAL cind of work do NOT use retired	ne during mo	ON st of working				d Ai		nes
17. FATHER'S NAME (First, Middle, Last) Charles W. Har	ris						AE (First, Midd L. Wh				Winself.
John S. Harris	(Nephew) 18	04 GO	la D	r.,	Fay					301
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Communication 5 Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Brooke Grove Cemetery			y Gaithersburg, MD						
EL BIGHAZUM OF PUNERAL BEHVICE LIG	In	nde	n	Snow Rock	den vill	Fun e,	eral MD 20	Hom 0850	e, P	.A.	
23. PART I. Enter the diseases, or c shock, or heert failure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	lat only one cause	PSIS		tar tha mo	de of dyln	g, auch	aa cardiac	or reapi	ratory arre	at,	Approximeta Interval Between Onaet and Death
Sequentielly list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR	AS A CONSEQUE	NCE OF):	SF.	LEF	FT	Fo	70			4 DAYS
PART II. Other algorificant conditions FEACURE L	CONTRIBUTING to de		ilting in the	underlyln	g ceuse glu	ven in I		a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	DiOutentura a Cit		IER:	ACE OF DEA	-					
27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicida 8 Could not be	28a. DATE OF INJ (Month, Day,	JURY 26 89 JURY — At home,	Bb. TIME OF INJURY	28c. IN. WC	URY AT ORK? YES 2		B Other (S) 28d. DESCRI FELL 281. LOCATIO City or R	GETTON (Street above, State)	ING	INTO	ute Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINEI		knowledge, death						e) end mer		d.	
29b. SIGNATURE AND TITLE OF CERTIFIER THE HOUSE 30. NAME AND ADDRESS OF PERSON WHO	MD			ny opinion, c	29c. LICEN			o praca, ar			Month, Day, Year)
	32. REGISTÂAR'S	SIGNATURE			OLN	IEY	, M	4RY	LAI	DV	
15001 90	grove.	relacidation	france, 82	4							

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENS
REGISTRAR	CERTIFICATE OF DEATH REG. NO.

	1. DECE (INT'S NAME (First, Middle, Les) 2. DATE OF DEATH 3. TIME OF DEATH											
	DELL	A	M. H	HOSTE	TLER			MONTH	2	1	990	10 H M
	4. SOCIAL SECURITY NUMBER	5. SÉ).	6. AGE (in yrs. les		IF UNDER 1		IF UNDER 24 HRS.		OF BIRTH		8. BIRTH	PLACE (State or Foreign
	578 -54-3232	2020 HONE 8/1 Was Marine Onto Houne							IRF	LAND		
	9e. FACILITY NAME (If not institution, give st	11	St. CITY, J	DWN C	H LOCATION OF D				NTY OF O			
S.	Rensingta	11) 1	nd. The	*	the	10	Lingth	W.		11	KAR	tronged.
5	RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION											47
DIRECTOR	MATINE 106. COUNTY					1.			10d. INSIDE CITY LIMITS?			
	MARYLAND MO	S	ILVE	-	RING			40 017	17511 05 11	1 YES 2 NO		
RA				101	61			1	JSA	HAI COUNTRY?		
FUNERAL	12604 EPPING ROAD		NT EVER IN U.S.AR	MED	42 14	LC OFC	20906 ENGENT OF HISP	ANIC OBIOIS	In consider Ven			— American Indian,
ВУ	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	FORCES?	1 YES 2 N WAR OR DATES	10	lf If	yee, sp	ecify Cuben, Mexic 2 NO Spec	cen, Puerto I		or No=	Spech	, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		CEDENT'S I			ON st of working	18b	. KIND OF BUS	SINESS/IND	DUSTRY	
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5	Min	Do NOT use	e retired.)	my mo	or or working					
MPI	8		HC)MEMAI	KER							
00	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	NAME (First, I	Middle, Maiden	Surneme)		
BE	MICHAEL HASSETT			DE.			BRID		SCANI			
5	190. INFORMANT'S NAME (Type/Print) ELI C. HOSTETLE	R (HUSI					ROAD, SI					ND 20906
	20e. METHOD OF DISPOSITION 1 [YBurlel 2] Cremetion 3] Rem.	aunt dans Ctata		OF DISPOS			metery, cremetory or			CATION —		
	4 Donetion 5 Other (Specify)	Oval from State			EAVEN	_ CE	EMETERY		SII	LVER	SPRT	NG. MARYLANI
	21. SIGNATURE OF FUNE AL SERVICE LIC	CENSEE	7				ND ADDRESS OF I					
	* LUX	201			50C	UV UN	S J. CO VIVERSIT	Y BLV	D., W.	AL H	IOME,	INC. P., MD 20901
	23. PART I. Enter the diaeaaea, or of shock, or heart failure.				ot enter t	he mo	de of dying, su	uch aa car	diac or reap	Iratory ar	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	1	٨		. 0	0	1 1					Onaet and Death
	disease or condition resulting in death) a. Myochdal alarmout ton											
	DUE TO (CHI A): A CONSEQUENCE OF):											
N	Sequentially list conditions,	n pur n	DIOR AS A CONSE	OUENCE OF		61	1000 K	sar	14			
ATI	if any, leeding to immediate cause. Enter UNDERLYING	1	1 A CONSC	OUZNUZ OF		1 , 1	FICI.	SNIC	1			
CERTIFICATION	CAUSE (Disease or injury that initiated events	OUE TO	O (OR AS A CONSE	OUENCE OF		7	-//-	214 C	7			
E	reaulting in death) LAST											
MEDICAL	PART II. Other algnificent condition	e contributing t	o deeth but not i	resulting i	n the unc	leriyin	g ceuse given i	in Part i.	24e. WAS AN PERFOI		24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
8									1 TYES 2	NO		OF DEATH?
ME												1 YES 2 NO
ä												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF OEATH (Check only o	ne)			
YS	1 TYES 2 NO		☐ ER/Outpatient 3		Nursi	ng Hon	ne 5 🗆 Reeldenc	_				
F	27. MANNER OF DEATH 1 Pretural 5 Pending	28e. DATE ((Month,	Day, Year)	28b. TIMI	URY M	WC	JURY AT ORK?	28d. DE	SCRIBE HOW	INJURY OC	CURED	
ВУ	2 Accident Investigation	200 DI ACE	OF INJURY — At he	ann farm a			YES 2 NO	204 1 07	CATION (Street	and Month	na as Orient I	Davida Musebus
ED	3 Suicide a Could not be 4 Homicide determined	building	g, etc. (Specify)	ome, term, s	RIBBI, IBCIO	гу, опи		City	or Town, State,	ena numbe)	er or munari	House Number,
COMPLET												
MPL	(Check only one)											
00	2 MEDICAL EXAMINE	H: On the basis of	examination end/or	Investigatio	n, In my op	inion, o	death occured at t	the time, det	e end place, a	nd due to t	the couse(e) end menner ee stated.
ш	ENTITED AND ALLER OF SHUTAHOLOGICE	7 1 1 1	1		-		29c. LICENSE N	UMBER		29d. (IA)	TE SIGNET	hth, Day, Year)
TO B	N		2							1	47	140
	JOHN J. MEREND		4701 RA			AD,	#216,	ROCKV	ILLE,	MARY	LAND	20852
	21. DATE PROPERTY ON MANY	32. REGISTI	RAR'S SIGNATURE									
	LEB 02.30	guna	Davidson)	Pandell	200		14.16					

	FOR
-	STATE
	REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIFIC	CATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		1,50				2. DATE OF MONTH	DEATH	MENSI	3. TIME OF DEATH
Theodore Steven	s Hadder	Jr.				2	8	90	0635
4. SOCIAL SECURITY NUMBER 216-18-8040	5. SEX 8	. AGE (In yrs. last		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH Pay, Year) 17/09	8. BIRT	HPLACE (State or Foreign Iry)
9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. C	COUNTY OF I	DEATH
PENINSULA GENERAL	HOSPITAL			SALISE	URY		W	ICOMI	СО
MD Wor	cester			erlin	TION				10d. INSIDE CITY LIMITS? YES 2 NO
322 Bay Street				16	H. ZIP CODE 21811		10g.	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 D IF YES, GIVE WAF WW II	YES 2 N	0	If yea, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 NO Speci	nn, Puerto Rice		14. RAC Blac Spec	E - American Indian, ik, White, atc. White
15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	College 1-4 or 5+)	16e. DEC (Gi- life.	ve kind of wo Do NOT use	ISUAL OCCUPAT ork done during m retired.)	ON ost of working		ND OF BUSINESS		
6 yrs.		Hu	nter/	Fisher	nan	H	unter/Wa	aterma	n
17. FATHER'S NAME (First, Middle, Last) Theodore Stevens	Hadder,	Sr.				ME (First, Mick nie Bei	die, Maiden Surnan 11	ne)	
19e. INFORMANT'S NAME (Type/Print)		196	MAILING A	ADDRESS (Street	and Number or Rural	Route Number,	City or Town, State	, Zip Code)	
John Jeff Wyatt		1	0033	Orchard	d Rd Bei	clin, l	Md. 218	311	
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	20b. PLACE other pla	ce) _	TION (Name of or rergree)	metery, cremetory or		20c. LOCATION Berl	- City or T	
21. SIGNATURE OR FUNERAL SERVICE LICE	INSEE			22. NAME /	ND ADDRESS OF F	Bı	urbage I		
1 State 1	Jutal		_				08 Willi		
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JO	R AS A CONSECUTOR AS A CONSECU	Stup		Luny o	dun	·		
PART II. Other eignificant conditions CMycaturic F	Leut Fo		eaulting in	the underlyli	ng cause given ir		12. WAS AN AUTOF PERFORMED? YES 2 NO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 X NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C	heck only one)			
1 VES 2 NO	1 N Impatient 2 🗆 I		□ DOA	4 - Numing Ho	me 5 Residence				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF III (Month, Day)		28b. TIME INJU	JRY W	JURY AT ORK? YES 2 NO	28d, DESCR	RIBE HOW INJURY	OCCURED	
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF building, et	INJURY — Af ho c. (Specify)	me, ferm, at	traat, factory, off	Ce		ION (Street and Nu Town, State)	mber or Rural	Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURTS ON THE CONTROL OF T									a) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	m. Con	MD M	7		29c. LICENSE NU	3311	29d.	DATE SIGNE	O (Month, Day, Year)
30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print)					
FEB 17 1990	32. REGISTRAR	S SIGNATURE	M.						

be detached for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or attending physician. /LAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page the strain by the hos TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral displayments to detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, in arked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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DIVISION OF VITAL	DSPITAL OR ATTENDING PHYSICIAN: The 1
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	1. DECEDENT'S NAME (First, Mickelle I set	1			TIOATE	LOF	DEATH	T 2 047-	REG. NO).	1	2 7040 00	DEATH
	SAMUEL		ORDCHAI		HAIMO	OWICZ			MONT 02	H D	4 7	YEAR	3. TIME OF	A.
	4. SOCIAL SECURITY NO. 577 54 0		5. SEX		In yrs. last birthday	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	/Man	of BIRTH	1904	Countr	PLACE (State	or Forei
	9e. FACILITY NAME (# n	not institution, give	street and number)			9b. CITY	r, TOWN C	OR LOCATION OF D		7 ,	9c. COUN			
TOR	9423 Cur	ran Roa	ıd			2	Silve	er Sprin	ng Montgom				mery	
DIRECTOR	Maryland	10b. COUN	tgomery		10c. C	EITY, TOWN (10d. INSIDE	?
10e. STREET AND NUMBER			regomery					lver Spring 101. ZIP CODE			10g. CITIZ	EN OF W	1 X YES	
			ıd					20901			Un	ited	Stat	es
BY FUNER	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 1			DENT EVER IN 1 YES E WAR OR DA	2 XNO		if yes, sp	ENDENT OF NISPA ecity Cuben, Mexic 2 XNO Speci	an, Puarto		a or No—	Speci	- American K, White, etc.	
TED	15. (Specify	DECEDENT'S ED	UCATION de completed)		18a. DECEDENT (Give kind o	'S USUAL Of work done use retired.)	CCUPATIO	ON st of working	18(. KIND OF BU	SINESS/INDU	STRY		
PLET	12 years		College (1-4 or	r 5 +)	Disti	cibuto	or			Automo	bile 1	Part	s	
E COMPL	17. FATNER'S NAME (First Yechiel	st, Middle, Last)	lcz					16. MOTNER'S N Devor	ah W	Middle, Maiden ien	Surname)			
TO B	Sh. Informant's NAM	enheim			19b. MAILI 308	NG ADDRESS Hanne	s (Street a	nd Number or Rural treet, S	Route Num	r Spri	ng, Ma	ary1	Land	209
	20e. METHOD OF DISPO	nation 3 🗆 Re	movel Irom State		other place)			netery, cremetory or			OCATION — C			
	21. SIGNATURE OF FUN		JCENSEE		unt Leb	22.	NAME AP	D ADDRESS OF F		Ade	lphi,	Mar		
	1 P/-													
	23. PART I. Enter th	or heart failure (Final	complications b. List only one	cause on e	ech line.	23 not enter	32 CA		TREE	r, N.W	WA:	SHIN		D oxima
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MPLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shock, of IMMEDIATE CAUSE disease or condition resulting in deeth) Sequentially list contravely sequentially list contravely sequentially list contravely sequentially list contravely sequentially list contravely sequentially list contravely sequentially list contravely sequentially list contravely sequentially list sequentially list sequentially sequentially list sequentially sequentially list sequentially sequentially list sequentially sequentia	e diseases, or heart failure (Final n) Inditions, mediate RLYING Injury (LAST) ED TO MEDICAL Pending investigation Could not be determined	ACUT DUE A. DUE DUE DUE DUE DUE DUE DUE DUE	TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A	cardial Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence Consequence	OF): OF): OF): OF): OTHER OF INJURY M In, street, fact	anderiying 26. Pt R: rsing Nom 26. INJ tory, office	G Cause given in ACE OF DEATN (Co. 5 % Residence URY AT PRICE 2 NO a end place, and du	Part I. heck only o 6 Oth 281. LOC	24s. WAS AN PERFO! 1 YES: CATION (Street or Town, State)	N AUTOPSY RMED? 2 NO INJURY OCCI	JRED JRED Arrai F	MGTON , Approint and on see intervention of seath and see and	D oxima ral Bet and and set an
PLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shock, of IMMEDIATE CAUSE disease or condition resulting in deeth) Sequentially list contravely sequentially list contravely sequentially list contravely sequentially list contravely sequentially list contravely sequentially list contravely sequentially list contravely sequentially list contravely sequentially list sequentially list sequentially sequentially list sequentially sequentially list sequentially sequentially list sequentially sequentia	e diseases, or heart failure (Final nations, mediate RLYING Injury LAST Ifficant conditions investigation Could not be determined CERTIFYING PNY MEDICAL EXAMIN	a. Acut DUE b. DUE c. DUE d	TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A TO (OR AS A	consequence Conse	OF): OF): OF): OF): OTHER OF INJURY M In, street, fact	anderlying 26. Pt R: R: rthe mo 26. Pt R: thory, office lime, date opinion, d	G Cause given in ACE OF DEATN (Co. 5 % Residence URY AT PRICE 2 NO a end place, and du	TREE ch as car Part I. Part I. Part I. 281. LOCCity to the cs	24s. WAS AN PERFO! 1 YES: CATION (Street or Town, State)	N AUTOPSY RMED? 2 N NO INJURY OCCI	24bb	MGTON , Approint and on see intervention of seath and see and	D Doxima at Beat and

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TO BE COMPLETED BY FUNERAL DIRE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CER	HEIC	ALE OF	DEATE	1	REG. N	10.		
1. DECEDENT'S NAME (First, Middle, Last)						2	DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH 1715 P
	Carey Hever						_2	1 19		
SOCIAL SECURITY NUMBER		AGE (In yrs. lest birt	MC	F UNDER 1 YEAR	IF UNDER 24	MIN. 7	Month, Day, Year		S. BIRT	HPLACE (State or Foreign itry)
16-18-4448	1 M 2 X F	72	AS.	Ontrio Date	noons		/3/1917		Mary	vland
. FACILITY NAME (If not institution, give	street and number)		9	b. CITY, TOWN	OR LOCATION			9c. COI	UNTY OF	
Jnion Hospital of	f Cecil Cou	nty		Elktor	1			Ced	cil	
e. STATE 10b. COUNT										
		10		TOWN OR LOCA						10d. INSIDE CITY LIMITS?
	Cecil		No:	rth Eas	st					1 X YES 2 NO
e. STREET AND NUMBER				10	. ZIP CODE			10g. Cf	TIZEN OF	WHAT COUNTRY?
19 Walnut Stre	et				2190)1		U.S	S.A.	
I. MARITAL STATUS	12. WAS DECEDENT EV						ORIGIN? (Specify		14. RAC	CE — American Indian, ck, White, etc.
☐ Never Merried 2 ☐ Married ☐ Widowed 4 ☐ Divorced	IF YES, GIVE WAR				2 D NO		Puerlo Ricen, etc.)		Spe	
15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DECED	ENT'S US	SUAL OCCUPATE	ON		18b, KIND OF	BUSINESS/IN	DUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use I	retired.)	ist or working					
8	N/A	Hon	nemal	ker			Home			
. FATHER'S NAME (First, Middle, Last)	14/13				18. MOTHE	R'S NAME	(First, Middle, Maid	len Surname)		
Robert Foreacre						a Mo				
e. INFORMANT'S NAME (Type/Print)		19h M	AILING A	DORESS (Street			ste Number, City or	Town State 7	in Cortal	
Edgar Walter Hev	zerin						East, MI			
. METHOD OF DISPOSITION	CALLET	20b. PLACE OF						LOCATION -		Forum State
Suriel 2 - Cremetion 3 - Rec	moval from State	other place)								
□ Donation 5 □ Officer (Specify)	centre 1	North	Eas	st Meth	odist			th Ea	st,	MD 21901
11.11	///	-			h Fun	01 175010				
* //Kb/1-11	1/1/20	//					North	Post	- BAT	21901
Sequentially list conditions, fam, leading to immediate cause. Enter UNDERLYING	b. Pont DUE TO (OR	d Stofe As a conseque Pulm As a conseque	NCE OF):	Effur	mon	8 -	, 240	to	orbo	ne
AUSE (Disease or Injury het initieted events esuiting in death) LAST		AS A CONSEQUE	NCE OF):							
PART II. Other significent condition	ona contributing to dec	ath but not resu	iting in	the underlyin	g cause glv	ven in Pa		AN AUTOPSY	24	Ib. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO
							1	2 Ø(NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEA	ATH (Checi	k only one)			
1 TES 2 NO	1 1 Inpatient 2 EF	R/Outpatient 3 🗆		OTHER:	ne 5 🗆 Reel	dence 6	Other (Specify)			
7. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJ (Month, Day, 1)		Bb. TIME (RY W	JURY AT ORK? YES 2		28d. DESCRIBE HO	W INJURY O	CCURED	
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF IN	IJURY — At home, (Specify)	form, str				261. LOCATION (Str. City or Town, St		er or Rura	I Route Number,
one) 2 MEDICAL EXAMIN	SICIAN: To the best of my				death occured	d at the til	me, date end place			(e) and manner ee state
96. SIGNATURE AND TITLE OF CERTIFI	msere				29c, LICEN		e183	29d. D/	2/29	O (Month, Day, Year)
Madhu S. Sacl	hdev, 3 N.	Main St	. , N	orth Ea	ast, M	D 2	1901			
FEB 5 90	32. REGISTRAR'S	SIGNATURE A	pless							

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this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detain		The state of the s
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Signed	Health a	-
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	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		WENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last)	M' Hines				2. DATE OF DEATH MONTH DZ 02		3. TIME OF DEATH
	212-24-9718	1 □ M 2 🏹 F	(In yrs. lest birthday) 62 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/30/1927	Ma.	BIRTHPLACE (State or Foreign Country) arvland
TOR	90. FACILITY NAME (If not institution, give Union Hospital (nty	Elkton	OR LOCATION OF DE	АТН	of Death Cil	
DIRECTOR		ecil		ry, town on Loca Charlesto	own			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	608 Bladen Stree	et	10	21914		U.S.	OF WHAT COUNTRY?	
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	CENDENT OF HISPAN ecity Cuban, Mexica 3 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	s or No — 14.	RACE — American Indian, Black, White, etc. Specify: White
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT L			16b. KIND OF BU		
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)	N/A	Custod	ıan		Board of ME (First, Middle, Maider		ation
TO BE	Walter F. Mur					Route Number, City or Tov		
	Floyd A. Hine 200. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 - Ren	200	b. PLACE OF DISPO	SITION (Name of ce	metery, crematory or		OCATION — City	or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE DESCRIPTION OF THE PROPERTY OF THE	(In)	Charle	Crou	ch Funera	Ch colory al Home St., North		
CERTIFICATION	23. PART I. Enter the diseasea, prehock, preheart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Congest DUE TO (OR AS . Chook I'C DUE TO (OR AS . A Por'au	4 44	Price the minute and	ode of dying, suc	h as cardiac or reap	Iratory arrest	Approximate
PHYSICIAN: MEDICAL CER	PART II. Other significant condition		but not resulting	In the underlylr	g cauae given in	Part I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
/SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO	HOSPITAL:	patient 3 DOA	OTHER:	LACE OF DEATH (Ch	eck only one) 6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH Solution Solution Netural Solution Pending Investigation			M 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW		
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm,	street, fectory, offi	00	261. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	one)	BICIAN: To the best of my know IER: On the bests of exemination						suse(a) and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	mit	MD		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, N D 320/4.			GNED (Month, Day, Year)
_	30. NAME AND ADDRESS OF PERSON W Mahesh Moond 31. DATE FILED (Morith, Day, Year)	ra 3 Mauldi	n Ave.,	North Ea	st, MD	21901		
	FEB 5 '90	Gulia Davi	dson-Aanda	De.				DHMH-16 Rev 1/89

X 13146, BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2" riours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pose within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	raumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1. DECEDENT'S NAME (First,	Middle, Last)	cob H	omer						2. DATE OF DEATH DON'TH D	AY	YEAR S	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign
	219-05-49	18	1 M 2 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	05/11/1	3	MARYI	
_	9a. FACILITY NAME (If not ins	stitution, give s	treet and number)			9b. CITY	TOWN (OR LOCATI	ON OF DE	EATH	9c. COL	UNTY OF DEA	ATH
DIRECTOR	FREDERICK M	EMORIA	AL HOSPIT	TAL		F	RED	ERIC	(FR	EDERIC	CK
2	10a. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN	R LOCAT	TION				1	IOd. INSIDE CITY
	MARYLAND	F	REDERICK		J	EFFER	RSON					1	YES 2 1 NO
MAL	10e. STREET AND NUMBER						101	. ZIP COD					IAT COUNTRY?
NET	4923 SHADYW	OOD DI								755		U.S.A.	
2	11. MARITAL STATUS 1 Never Merried 2	Married	FORCES? 1	T EVER IN U.S. AR	MED		If yes, sp	ecity Cube	n, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No-	Black,	- American Indian, White, etc.
12	3 X Widowed 4 Divor	rced	IF YES, GIVE Y	MAR OR DATES			1 YES	2 X NO	Specify	y:		Specify:	WHITE
בח		EDENT'S EDU		(G)	ive kind of	USUAL O	CCUPATIO	ON ast of working	na	16b. KIND OF BU	SINESS/IN	DUSTRY	
4	Elementery/Secondary (0	-12)	College (1-4 or 5	- Illa	Do NOT u	se retired.)							
200	17. FATHER'S NAME (First, Mi	rirlin I net)			PROI	DUCTI	.ON	to MOT	UEDIO MA	LIME M ME (First, Middle, Maiden			ING
נו	CHARLES WIL		ORNER					16. 1101		NNIE SMITH			
200	19a, INFORMANT'S NAME (7)			198	. MAILING	ADDRESS	(Street a	and Number		Route Number, City or Tov		ip Code)	
-	THOMAS L. H	ORNER			4923	SHAI	OWYC	OD DI	R.,	JEFFERSON,	MD	21755	5
	20a. METHOD OF DISPOSITE 1 X Burial 2 ☐ Crematio	ON n 3 🗆 Ram	oval from State	20b. PLACE other pla	ice)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		20e. L0	CATION -	- City or Town	n, State
	4 Donation 5 Other		PENGEE A		OAK 1	HILL		ETER'		OH ITS	GORE		
	Paul	m	· Nea	w						D.D. H , NEW WIND			SONS 21776
	23. PART I. Enter the di	sesses, or	complications the	it ceueed the de	eth. Do	not enter	the mo	de of dy	ing, euc	h ee cerdiac or reap	iretory a	rreat,	Approximete
	IMMEDIATE CAUSE (Fin			00									Onset and Deeth
	disease or condition reauiting in deeth)	+	a	OPI)	_							years
			DOE 10	(OR AS A CONSEC	DUENCE O	IF):							
ALION	Sequentially list conditi		b. DUE TO	(OR AS A CONSEC	DUENCE O	F):							
3	cause. Enter UNDERLYI CAUSE (Disease or Inju	NG	G										
EHIL	that initieted events resulting in death) LAS		DUE TO	(OR AS A CONSEC	DUENCE O	F):							
		-	d		 -								1
AL	PART II. Other significe	nt condition	s contributing to	daeth but not r	eculting	In the ur	nderlyln	g cause	given in	Part I. 24a, WAS AP			WERE AUTOPSY FINDINGS
2	Colon	ru	aver	(Dr	ua	<u> </u>				1 TYES	2 NO		COMPLETION DF CAUSE DF DEATH?
M												1	YES 2 NO
CIAN	25. WAS CASE REFERRED TO) MEDICAL					26 P	ACE OF P	EATH (C)	eck only one)			
200	EXAMINER?	mestern.	HOSPITAL:	ER/Outpatient 3	□ 004	OTHE	R:			6 Other (Specify)			
	27. MANNER OF DEATH		28a, DATE O		28b. Tilk	E OF	28c. IN.	URY AT	e and e mo e	28d. DESCRIBE HOW	INJURY O	CCURED	
10		Pending Investigation	(MORR), L	Any, rear)	TN	JURY M		YES 2] NO				
2	3 Suicide s	Could not be	28a. PLACE (building	OF INJURY — At ho atc. (Specify)	me, term,	street, fac	lory, offic	a	33	281. LOCATION (Street City or Town, State	and Numb	er or Rural Ro	ute Number,
		determined											
OMP	000)									to the cause(a) and me time, data end placa, a			end menner as stated.
ווי	29b. SIGNATURE AND TITLE	OF CERTIFIE	R //					29c. LIC	ENSE NUI	MBER	29d. DA	TE SIGNED (Month, Day, Ybar)
	Ally	10.	418	n				1	150	6516	1	2/1/90	
	30. NAME AND ADDRESS OF	PERSON WI	O COMPLETED CAL	SE OF DEATH ATE	M 27) (Type		75	7	Ar	Vey	AVO	- 1	FRED MD
	31. DATE FILED (Month, Day,	Year)	32. REGISTA	AN'S SHOWATURE	-Mar	dell							21701

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	TICOIOTIFIT		OLIT	1111101	AIL VI			ALG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	//					2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
- 9	Melvin 6. 4. SOCIAL SECURITY NUMBER	FGPP1)	6. AGE (In yrs. last bin	shelevil at	UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF		0	1990	3
1	213-12-4703		- 11		NTHS DAYS	HOURS MIN.	(Month, E		15	Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s					OR LOCATION OF	DEATH			INTY OF OE	АТН
O. I	CUTTO// COUNTY RESIDENCE OF DECEDENT/	Genera	er		C	arro	11				
C C	10e. STATE 10b. COUNTY				OWN OR LOCA						10d. INSIDE CITY
DIRECTOR	Maryland Ca.	rnoll		Ha	mp57	read					LIMITS?
¥	100. STREET AND NUMBER				10	f, ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
4	4616 Warpa	th Dri	ive			210	74			US	SA :
100. STREET AND NUMBER 46/6 Warpath Drive 11. MARITAL STATUS 1 Never Married 2 Married 12. Was DECEDENT EVER IN U.S. ABMED 15. Was DECENDENT OF HISPANIC ORIGIN? (Specify Year or No— 16. Yes, give war or dates 101. ZIP CODE 2/0 7 4 13. Was DECENDENT OF HISPANIC ORIGIN? (Specify Year or No— 14. If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Yes 2 1 No Specify:								14. RACE Black, Specify	- American Indian, White, etc.		
60	15. DECEDENT'S EDU	CATION	16a DECED	ENT'S HEL	JAL OCCUPATI	ON	185 K	IND OF BUS	INEGO/IN	DUSTOV	WILLOC
ETE	(Specify only highest grade	completed)	(Give h	rind of work NOT use re	done during m	set of working	100. K	IND OF BOS	mE3a/IR	DOSINI	
2	Elementary/Secondary (0-12) Elementery	College (1-4 or 5+))	Far	mer		R.e	etir	ed I	Black	& Decker
COMPL	17. FATHER'S NAME (First, Middle, Last)			141	III O I	18 MOTHER'S	NAME (First, Mid			01	
		ia					lly Y				
BE	Edward Harr 19a. INFORMANT'S NAME (Type/Print)	12	top as	AH MC AD	DBERR (Stant	and Number or Rus		-		la Cardal	
٩	Mrs. Mary B.	Coffman	420		• Hun	ter Rd	, Hamj	pstea	a. d.,	Md.	21074
	20a_METHOD OF DISPOSITION 1	oval from State	20b. PLACE OF other place)			metery, crematory				City or Tov	
	21. SIGNATURE OF JUNERAL SERVICE LIC	CENSEE 1	3.			NO ADDRESS OF	FACILITY	1			
	> Steven	2V. E	line)	934	S. Mai					Home Md.21074
IFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants	b. DUE TO (OR AS A CONSEDUE	NCE OF):	eun	noni	9				Onset and Death
CERT	resulting in death) LAST	d									
0	PART II. Other significant condition	na contributing to	death but not resu	ilting in t	he underlyli	na causa alvan	in Part i 2	4a, WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
: MEDICAL		ine to						PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
CIAN:	25. WAS CASE REFERRED TO MEDICAL				26. F	LACE OF DEATH	(Check only one)				
	1 YES 2 UNO	HOSPITAL:	ER/Outpatient 3		THER:	ne 5 🗆 Rasiden		Cooolfiel			
PHYSI	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, De	INJURY 2	86. TIME O	F 28c. IN	JURY AT ORK? YES 2 NO	`	RIBE HOW I	NJURY O	CCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 26. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t, LOCATION (Street end Number or Rural Route Number, City or Town, State)								oute Number,			
E											
COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of ER: On the basis of ex									end manner ee stated.
Ü W	296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE	NUMBER		29d. DA	TE SIGNED	(Month, Day, Year)
00	- Colintable	eu No	parrie	3		DIE	200		 	-30-	30
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM 2	7) (Type, Pri	700	A pool	E Ro	t, W	EST	MW	(TEX HI)
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	1	, , ,			}			SILLE
	FEB 1 '90		Davidson-1	Pandala	2						

CIMITE

7 -

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
IE (First, Middle, Last)		2. DATE O	F DEATH

1 - STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR					IENTAL	HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Le EILEEN S						H		MONTH	of DEATH DA		YEAR	3. TIME OF DEATH 3:05 P. M
4. SOCIAL SECURITY NUMBER 217-20-4151	5. SEX	6. AGE (In yrs. Ia. 81	si birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE ((Month,	Day, Year)		Count	IPLACE (State or Foreign y)
9e. FACILITY NAME (If not institution, gir	Go. FACILITY NAME (If not institution, give street and number) Cherrywood Manor Nursing Home St. City, town or Location of Death Reisterstown Sc. County of Death Baltimo											
Cherrywood M. RESIDENCE OF DECEDENT 106. STATE 106. COU	NTY Baltimore				OWN OR LOCATION							10d. INSIDE CITY LIMITS?
					101							1 YES 2 NO
10e. STREET AND NUMBER 801 Winters I 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		21228 13. WAS DECENDENT OF HISPANI If yea, specify Cuban, Mexican 1 YES 2 X NO Specify:					or No—	Spec	E — American Indian, k, White, etc.			
								16b.	KIND OF BUS	SINESS/IND		160
Jacob	Frederic	k				18. MOTH			Baker			
19e. INFORMANT'S NAME (Type/Print) Mr. Charles A.	Hook 3rd	19							er, City or Tow 2, Md.		Code)	
20e. METHOD OF DISPOSITION 1 Buriel 2 T Cremation 3 R 4 Donation 5 Other (Specify)	emoval from Stete	20b. PLACE other p	of DISPO					ice		cation - lamps		, Md .
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown. Md. Eline Funeral Home Reisterstown. Md.								rstown Road				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	HA -	+ F:		~						
PART II. Other significant condi	tiona contributing to	death but not	reaulting	In the u	ndariyin	g cause g	given in i	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	248	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 ND
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ick only on	•)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1 Inpatient 2 (28a. DATE Of (Month, I	FINJURY	28b. TII	4 G Nu	28c. IN.	URY AT ORK?			(Specify)	INJURY OC	CURED	
2 Culate	be 28e. PLACE (OF INJURY — At h , atc. (Specify)	nome, term,	atreet, fec	tory, offic	•		281. LOC	ATION (Street or Town, State)	and Number	r or Rumi	Route Number,
Solicition of the datarmined building, atc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
(Check only one) 2 MEDICAL EXAM		examination and/or	r investigati	ion, in my	opinion, i	Hearth Occur		tinio, Gata	arror prace, ar	nd due to ti	he ceuse(a) end manner ee stated.
(Check only one) 2 MEDICAL EXAM	FIER On the basis of o				ориноп, с	29c. LICE	ENSE NUM	IBER	and place, at		TE SIGNE	a) end manner ee stated. (Month, Day, Year)

DALIMORE, MARTLAND	ours after death. Page 6 may be retained by the hor	filled in by the funeral director, page 5 should be detach on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13140,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jurs after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Isem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DE	PARTMENT OF	HEALTH	AND I	MENTAL	HYGIENE
CER	<i>TIFICATE O</i>	F DEAT	Ή		REG. NO.

	REGISTRAR		CERTIF	ICATE C	OF DEATH	REG. N	O.	
	1. DECEDENT'S NAME (First, Middle, MABLIS LOT	JISE		Н	URT	2. DATE OF DEATH MONTH	29	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 234-10-7782	5. SEX 6. A	GE (In yrs. lest birthday) 80 YRS.	IF UNDER 1 YE.		7. DATE OF BIRTH (Month, Day, Year) Mar. 10,	1909	6. BIRTHPLACE (State or Foreign Country) West Virginia
1	9a. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TO	WN OR LOCATION OF D			JNTY OF DEATH
		ss Hospital		SILVER	SPRING		Mon	tgomery
	RESIDENCE OF DECEDEN 10a. STATE 10b. CO		10c. CIT	Y, TOWN OR LO	OCATION			tod. INSIDE CITY
200	MARYLAND MOI	ntgomery		Takom	a Park			1 YES 2 NO
FUNERAL DIR	1024 EAST WES	ST HIGHWAY			20012	No.	US US	IZEN OF WHAT COUNTRY?
0	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	ES 2 NO	If yes	DECENDENT OF HISPA I, apecify Cuban, Mexico YES 2 NO Specifi	en, Puerlo Ricen, etc.)	fee or No—	14. RACE — American Indian, Black, White, etc. Specify: White
E	t5. DECEDENT'S (Specify only highest	EDUCATION grade completed)	18a. DECEDENT'S	USUAL OCCUI	PATION g most of working	18b, KIND OF I	USINESS/IN	DUSTRY
PLE.	Elementery/Secondery (0-12) unavailable	College (t-4 or 5+)	Ille. Do NOT u	maker	y most of working	70	n hom	ne
E C C M	17. FATHER'S NAME (First, Middle, Las	t)			16. MOTHER'S NA	AME (First, Middle, Maid	en Sumame)	
DE C	JOHN F.	BROWN			OLIVI	ER G. FLEU	JR	
2	19a. INFORMANT'S NAME (Type/Print) EMILY HALL				eet and Number or Rural EST HWY., 7			(p Code) 20012
	20e, METHOD OF DISPOSITION 15 Burial 2 Cremetion 3 C 4 Donetion 5 Other (Specify)			SITION (Name o	f cemetery, crematory or	20c.	LOCATION —	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE	,	22. NAM	E AND ADDRESS OF FA	SENBERRY I	UNERA	L HOME
	23. PART i. Enter the diseases	E. D	soule	1	901 S. KAN	NAWHA ST.	BECKL	EY, WV 25801
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOR	AS A CONSEQUENCE O	Ari	lungte	searce	A fe	har furlet
5	PART II. Other aignificent cond	litione contribution to des	th but not resulting	in the under	lying cause given in	Port i 24e Was	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
WEDICAL	Consider	ent for	news			PERI	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDIC			2	6. PLACE OF DEATH (C	heck only one)		
5	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:	Home 5 - Reeldence	6 Other (Specify)		
	27. MANNER OF DEATH 1 Nettral 5 Pending	26a. DATE OF INJL (Month, Day, Ye		E OF 280	INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OC	COURED
0	2 Accident Investigs		HARM AA harma days		YES 2 NO			
2	3 Suicide 8 Could not determine	building, etc.	JURY — At home, farm, (Specify)	eureet, factory,	OTTIC®	281. LOCATION (Stre City or Town, Sti	et and Numbe nte)	er or Rural Route Number,
COMPLE	29a. CERTIFIER (Check only one) 1 OERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.							
	29b. SIGNATURE AND TITLE OF CER				29c. LICENSE NU		_	TE SIGNEO (Month, Day, Year)
DE	Hon	Inol W			201	1358	•	1-29.90
2	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE O	DEATH (ITEM 27) (Type	Print)	m Goen S	5 SiWE	Sec.	WALF HID 2 OR IN
	31. DATE FILED (Month, Day, Year) FFR 1.3 199	32. REGISTRAR'S	SIGNATURE	V	2611		-000	10, 20, 10

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 -	FOR STATE REGISTRAR	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	0	CE	RTIFI	CATI	E OF	DEATH		REG. NO.	_		
1. DECEDENT'S NAME (First, Middle, g	AMES							OF DEATH			3. TIME OF DEATH
Lemuel ,	J. Harris						OTH	2	8	90	1541
SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last		IF UNDER	R 1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIRTH		S. BIRTH	PLACE (State or Foreign
579-05-0730	1 № M 2 □ F	78	YRS.	MONTHS	DAYS	HOURS MIN.	04-	-30-1	1	MARY	
. FACILITY NAME (If not institution, g	ive street and number)			96. CITY	r, TOWN C	R LOCATION OF D			9c. COU	NTY OF DI	
Peninsula Gen		ital			Sal	isbury				Lcom	
oa. STATE 10b. COL			10c. CITY,	TOWN	OR LOCAT	ION					10d. INSIDE CITY
MARYLAND	WICOMICO		S	AT.TS	BURY	7					LIMITS?
e. STREET AND NUMBER	WICOIIIOO			11111		ZIP CODE			10g. CITI	ZEN OF W	THAT COUNTRY?
727 JACKSON S	יים ממחיי					21801				USA	
. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. AR	MED	13.	WAS DEC	ENDENT OF HISPA	NIC ORIGINS	(Specify Vac	or No.		- American Indian.
☐ Never Married 2 🔀 Married ☐ Wildowed 4 ☐ Divorced	FORCES? 1 X	YES 2 N			If yes, sp	2 NO Specific	en, Puarto R				, White, atc.
15. DECEDENT'S	EDUCATION		CEDENT'S U				16b.	KIND OF BUS	SINESS/IND	USTRY	
(Specify only highest g	Collage (1-4 or 5 +)	(Gi	Do NOT use	ork done retired.)	during mo	st of working					
12 YEARS		OWI	NER,	OPE	RATO	2	M	ARKET			
. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First M	licidia Maidan	Sumama)		
	JAMES	НАН	RRIS			FLIZA				CORB	ETT
LEMUEL a. INFORMANT'S NAME (Type/Print)	GALLIO			100000	0 /04	20-011			- 04-5		
	DIC					STREET,				2 18	0.1
MADELINE C. HAF							SHLIS				
a. METHOD OF DISPOSITION 1- Translated 2 Cremetton 3 C t	Ramoval from State	20b. PLACE	ONS C	TION (N	ame of cer	netery, cremetory or			CATION -		
Donation 5 Other (Specify)		PARS	JNS C						ISBUF	α,	riD
SIGNATURE OF FUNERAL SERVICE						VATORFUNE				MD	21001
HUSM.	Tollowa	4		50	JI SI	NOW HILL	KD,	SALIS	BUKY,	, MD	21801
Sequentially list conditions, f sny, leading to immadiate suss. Enter UNDERLYING CAUSE (Disease or Injury hat initiated events	bOUE TO (OF	R AS A CONSEC	DUENCE OF)	:							
esulting in death) LAST	d										
PART II. Other significant condi	Itions contributing to de	ath but not r	asulting in	tha u	nderlyln	g causa given in	Part I.	24a. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FINDIR AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
. WAS CASE REFERRED TO MEDICA EXAMINER?						ACE OF DEATH (C	heck only one	9)			
1 X YES 2 □ NO	HOSPITAL:	R/Outpatlant 3		OTHE 4 Nu		a 5 🗆 Residence	8 🗌 Other	(Specify)			
MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigat	28a. DATE OF IN. (Month, Day.		28b. TIME	OF JRY M		URY AT PRK? YES 2 NO	28d. DES	CRIBE HOW	NJURY OC	CURED	VIII P
3 Suicide 6 Could not 4 Hornicide detarmine	28s. PLACE DF II building, atc	NJURY — At ho	ma, farm, at	reet, fac	ctory, offic		28t. LOCA City o	ATION (Street or Town, State)	and Number	or Rural F	loute Number,
enel	HYSICIAN: To the best of my										and manner on et al.
			- Carryan (O)	.,	-promotily 6			are piece, ar			
B. SIGNATURE AND TITLE OF CERT	IFIER	70		7.5	ng-mg	29c. LICENSE NU					(Month, Day, Year)
June (350	elseley	Де	puty	IAI "	E.	D0359	99			11-2	8-90
. NAME AND ADDRESS OF PERSON	The second secon				EV.						
John T. Bull	keley, M.I	5	04 E	lbe	erta	Avenu	e - ;	Salis	bur	7 , M	aryland
1. DATE FILED (Month, Day, Year)	32. REMSTRAR'S				-				U		



Gulia Davisson-Rambell

TO BE COMPLETED BY FUNERAL DIRECT

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-timinity be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / [DEPARTMENT OF	F HEALTH AN	D MENTAL	HYGIENE
CEI	RTIFICATE O	OF DEATH		REG. NO.

1 - STATE REGISTRAR		CE	RTIF		F DEATH	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REG. NO			
1. DECEDENT'S NAME (First, Middle,	Lest)						OF DEATH			3. TIME OF DEATH
Margaret ^E He	aley					Jan	ä. 25	, 199	OYEAR	9:49 P
4. SOCIAL SECURITY NUMBER 102-14-1341	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER 1 YEA		7. DATE Dec	OF BIRTH	1905	8. BIRTH	PLACE (State or Foreign
	tirement Ce	nter			N OR LOCATION OF	DEATH	-		nty of D	mery
RESIDENCE OF DECEDER	OUNTY		too CIT	Y, TOWN OR LO	CATION					404 MANDE OUT
12	Montgomery			evy Cha						10d. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER	- I o li o g o mo i j		011	1	10f. ZIP CODE			10a, CITI	ZEN OF V	WHAT COUNTRY?
8700 Jones M					20815			U.	S.A	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2XN		If yes,	Specify Cuben, Max (ES 2 NO Spe	Icen, Puerto	N? (Specify Yes Rican, atc.)	or No-	14. RACE Black Speci	E — American Indian, k, White, atc. White
15. DECEDENT (Specify only highes	'S EDUCATION	16a. DE	CEDENT'S	USUAL OCCUP	ATION	168	. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+) iilo.	mema	se retired.)	most of working		Own H	lome		
17. FATHER'S NAME (First, Middle, Li	nst)				18. MOTHER'S	NAME (First,	Middle, Maiden	Surname)		
Donald H. El	der				Janet	Sinc	lair			
19a. INFORMANT'S NAME (Type/Prin	t)	198	. MAILING	ADDRESS (Stre	et and Number or Rur	al Route Nurr	nber, City or Tow			
William Brow	nlee	3	606	Shepard	l St., Ch	evy C	hase,	MD :	2081	5
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3	Removal from State	other pla	100)		cometery, crematory of	or		CATION -		
4 Donation 5 Dother (Specify		Mt. C	omfo	rt Cre	-		Ale	xand	ria,	VA
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	Dan		Jose	and Address of eph Gawle	r's S	-		noto	n,D.C.2001
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d.	meet	QUENCE O	Hear	et fi t dis	elu eise eier	ing			Onset and De 2 Mes.
PART II. Other algorithms con	nditions contributing to	ilure	eaulting	in the underly	ying cause given	in Part i.	24a. WAS AN PERFOI 1 PYES 2	RMED?	24b). WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERENCED IN WICH	The second secon	-		26	PLACE OF DEATH	Check-only is	relati		-	
EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	fome 5 ☐ Realdand	ca 8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH 1 Naturel 5 Pendin	2Sa. DATE OF (Month, D	INJURY	2Sb. TIM	IE OF 2Sc.	INJURY AT WORK? YES 2 NO	_	SCRIBE HOW	NJURY OC	CURED	
2 Accident Investig 3 Suicide 8 Could of 4 Homicide detarm	28a. PLACE O building.	F INJURY — Al ho elc. (Specify)	me, farm,	atreet, factory, c	ffica	281. LOG	CATION (Street or Town, State)	and Number	or Rural i	Route Number,
anal	PHYSICIAN: To the best of KAMINER: On the beels of a									e) and manner as stated
THE BIGARTURE AND THE OF CE	e Dit	SCAL C	(.) M 27) (Type	My)	DO-	194	8	29d. DAT	E SIGNED	(Month/Day, Year)
77 *	itzgerald,				n Ave.	Bethe	sda. M	D		



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

SECURITY NUMBER

538-62-6621

Golda Ireae Horn

Y NAME (If not institution, give street and number)

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DIRECTOR	rederick Memorial Hospital				I	Frederick			Frederick			
IREC	10s. STATE	10b. COUNT			10c. CITY, TOV	VN OR LOC	CATION				10d. INSIDE LIMITS?	
		MD Montgomery Bethesda								1 XYES 2		
ı	10e. STREET AND NUM						10f. ZIP CODE		10g. CITIZEN OF WHAT			
FUNERAL	6203 Vor	lich La			20816				U.S.A.			
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES			ES 2- NO	S 2 NO If yes, specify Cuban, Mexics			in, Puarto Rican, stc.)		Black, White, etc. Specify: White		
בובה	15. (Specifi) Elementary/Seconda	DECEDENT'S EDU r only highest grade ry (0-12)	CATION completed) Coffege (1-4 or 5+)	(G/vi	EDENT'S USUA e kind of work d Do NOT use retin	one during :	TION most of working	184	b. KIND OF BUS	INESS/INDU	STRY	
	12			Secretary				U.S. Gov't.				
5	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, Maiden Sumame)				
	Lloyd B.	Rhoads			Burriss			s Ha	Hagan			
2	19a. INFORMANT'S NAM	IE (Type/Print)		19b.	MAILING ADD	RESS (Stree	et and Number or Rural	Route Nun	ber, City or Town	, State, Zip C	ode)	
	Andrew J	. Horn.	Sr.	6	203 Vo	rlic	h La. Be	thes	da. MD	2081	5	
	20s. METHOD OF DISPO		ovet from State	20b. PLACE O	F DISPOSITION	(Name of	cemetery, crematory or		20c. LOCATION — City or Town, Stats			
	4 Donation 5 0					Cre	matory		Ale	xandr:	ia. VA	
	21. SIGNATURE OF FUN	ERAL BERVICE LI	CENSES 10	1)		22. NAME	AND ADDRESS OF FA	CILITY				
	Mai	charl	2/he	Vdm		5130	ph Gawler Wisconsi	n Au	ons, H	nc.	aton D C	
CERTIFICATION	disease or condition resulting in death) Sequentielly liet could ferry, leading to in cause. Enter UNDE! CAUSE (Disease or that initiated avanta recuiting in death) is	nditions, imediate RLYING injury	DUE TO (OR . DUE TO (OR .	AS A CONSEQUENT	JENCE OF):	We	5 /					
THE COLOR	PART II. Other signi		e imers limers de			e undarly	ing ceuse given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOF AMAILABLE P COMPLETION OF DEATH? 1 YES	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? COTHER:						PLACE OF DEATH (Ch	neck only e	nne)			
2	1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)											
	27. MANNER OF DEATH 1 Natural 5 2 Accident	1 Natural 5 Pending (Month, Day,			28b. TIME OF INJURY	- '	c. INJURY AT WORK? YES 2 NO 28d. DESCRIBE HOW INJURY OCCUI			IRED		
3	3 Suictde 8	Building, stc. (Specify)				, factory, of	lcs 28t. LOCATION (Street and Number or Rural Route Number City or Town, State)					
COMPLET	onal		ICIAN: To the best of my k									
							29c. LICENSE NU	MRER		and DATE		
ш	296 SIGNATURE AND T	ITLE OF CERTIFIE	2	1			290. EIGENSE NO			290. DATE	SIGNED (Month, Day,	
BE	James	D. F	my Cll	, m.	D.		D166	37	7	▶)	24 190	
BE	James	D. F	TO COMPLETED CAUSE OF	DEATH (ITEM	D. 27) (Type, Print)	av	D166	37	7	>)	24/90	
ш	James	S OF PERSON WI	my Cll	105+	D. 27) (Type, Print)	a	D166	37	12	≥ 1 / 2 / 7 c	19 Pignet (Month, Day. 24 90	

Julia Davidson Randage

CERTIFICATE OF DEATH

MONTHS

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

6. AGE (In yrs. last birthday)

80

YRS.

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

Nov. 4,

90 04499 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH 09101 8. BIRTHPLACE (State or Foreign Country) 1909 Oklahoma 9c. COUNTY OF DEATH Frederick 10d. INSIDE CITY LIMITS? 1 XYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: White BUSINESS/INDUSTRY Goy t iden Sumame) Town, State, Zip Code) MD 20816 c. LOCATION — City or Town, State lexandria, VA ,Washington, D.C. 20016 raapiratory arreat, Approximate interval Between Onset and Death S AN AUTOPSY RFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? ES 2 70 1 YES 2 NO

DHMH-16 Rev 1/89

a, and dus to the cause(s) and manner as stated.

29d. DATE SIGNED (Month, Day, Year)

1 24 190

MARY AND 21203-3146

BALTIMORE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

After this certificate has been signed by the attending physician and completely filled in by the funeral directing pega-		
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(D)	death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	
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Lovis-	M. Narje	ford			2. DATE OF DEATH MONTH	DAY 2 19	year 1048 Q.	
220-10-	-3317 ¹□ M 2 🛛 F	8. AGE (In yrs. last birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 19, 1	920	B. BIRTHPLACE (State or Foreign Country) Maryland	
Washington RESIDENCE OF DECE	County Hospi	tal	Hagers	TOWN	ATH		HINGTON	
	Washington		10c. CITY, TOWN OR LOCATION Hagerstown					
605 Marylan	nd Ave.		10	1. ZIP CODE 21740			EN OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 M M 3 Widowed 4 Divorce	Never Married 2 Married FORCES? 1 YES		2 NO If yes, specity Cuban, Max				14. RACE — American Indian, Black, White, atc. Specify: White	
15. DECEE (Specify only h Elementary/Secondary (0-1)	DENT'S EDUCATION lighest grade completed) 2) College (1-4 or	life. Do NOT use	rork done durina me	ON ost of working	16b. KIND OF	BUSINESS/INDU	STRY	
		0wner	•	land to the same of the same o			ocery Store	
17. FATHER'S NAME (First, Midde Joseph	Golden	Stal	ev	18. MOTHER'S NA	ME (First, Middle, Mak tha	Marv	Crisman	
19a. INFORMANT'S NAME (Typ			V	20.	Route Number, City or			
Robert C.Hai	reford	605 M	laryland	Ave.Hag	erstown,M	1D 2174	0	
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if eny, leading to immediceuse. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST	ns, oue oue	TO JOH AS A CONSEQUENCE OF	ruge	(arei	nome	12	Onset and De	
	conditions contributing	to death but not resulting i	n the underlyin	ng cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS	
PART II. Other significan							OF DEATH?	
25. WAS CASE REFERRED TO EXAMINER?				PLACE OF DEATH (C	neck only one)		OF DEATH?	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 P	HOSPITAL: 1 inpatient 28e. DATE (Month)	2 ER/Outpetient 3 DOA OF INJURY 28b. TIMI NJ. Day, Year)	OTHER: 4 Nursing Ho E OF 28c. IN		8 Other (Specify) 28d. DESCRIBE HO	OW INJURY OCC	OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Heltural 5 P Accident In 3 Suicide 8 C	HOSPITAL: 1 Inpatient 28e. DATE (Month vestigation 28e. PLAC	OF INJURY 28b. TIMI	OTHER: 4 Nursing Ho E OF 28c. IN W M 1	me 5 Realdenca IJURY AT YORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HO	eet and Number	OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 PA 2 Accident In 3 Suicide 8 C 4 Homicide 6 29a. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 28e. DATE (Month vestigation ould not be stammined 27 Physician: To the best	OF INJURY 28b. TIMI INJ	OTHER: 4 Nursing Ho E OF 28c. IN URY M 1 1 street, factory, offi	me 5	8 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, S	eet and Number tets)	OF DEATH? 1 YES 2 NO TURED or Rural Route Number,	